If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

BINDING

RESERVED

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial rephritis MAY 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
BUREAU V. 5.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis WAT 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
End September Control of the Control			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MADVI AND CEDTIFICATE OF DEATH

STATE OF MARTEAND	CLITTI ICATE OF DEATH
1. PLACE OF DEATH	93-6
County Washingtonen	Registration Dist. No. 302
Village or City Haal V Stown	NoVVash Co Hishet al st. 3 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Chayles C. Daytles	If U. S. Veteran, specify WAR
(a) Residence: No. Mew Salam Mash. (Usual place of abode)	OSt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (repriet the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	M LUCE CREATING THE ANALYSIS OF THE ANALYSIS O
(or) WIFE of Wa.	22. I HEREBY CERTIFY, Theil attended deceased from
E DATE OF BIRTH (month day and year) (6414 2 3-190)	I last saw back alive on 4 2 1977; death is said
6. DATE OF BIRTH (month, day, and year) ULLY 23-1901 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 1/30 Hm.
36 3 9 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or particular	were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Shall Bussell SAW MILL, Bank, etc. 10. Date deceased last worked at this occupation (month and spent in this occupation (month	Che Myoudits 1985
9. Industry or business in which	
SAW MILL, BANK, etc.	
yeer) Ne can 19-3 6 occupation so	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) VY: \\ Som	
(State or country)	
13. NAME Albert Boutles.	
14. BIRTHPLACE (city or town) Blairs Valley	Name of operation Date of
(otate of county)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Daral Hose	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Saral Hose 16. BIRTHPLACE (city or town) W: 11 3 0 n S.	Accident, suicide, or homicide? Dete of injury
(State or country) W.d.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MYS More Barrles (Address) New Saleur was	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Interfred Date Child H 1921	Nature of injury
19. UNDERTAKER A. K. Collenau	24. Was diseese or injury In any way related to occupation of deerased?
(Address) Hage to town und	If so, specify
20 FILED 4-3- 1937 (Shosfty owers)	(Signed) M. D
Registrar.	(Address) The purish my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

B.-WRITE

should state

PHYSICIANS

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every AGE should be stated EXACTLY.

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

Exact statement of OCCUPA.

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Example I The principal cause of death and related causes of importance were as follows:			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MEGENER	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones	Start and Startes	May 1,1923	Gastroenteritis	1 year

ADDITIONAL CDACE BOD DUDWIED CTATEMENTS DV DUVGICIAN

ADDITIONAL STACE FOR FURTHER STATEMENTS BY THIS CLAN		
	N/	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4505
1. PLACE OF DEATH	56) h x . (
County / ashing love	Registration Dist. No. 304
Village or City Hun coll 6	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME David & Sayle	7 - If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, ON DIVORCED (write the word)	21. DATE OF DEATH STATE OF DEATH STA
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Click L. Largent	22. I HEREBY CERTIFY That I attended daceased from 1927, to April 12, 1937
6. DATE OF BIRTH (month, day, and year) / ar 4	I last saw h. Less. alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated allove, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Morchaul SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL Roll SAW MILL, BANK, atc. 10. Date deceased lest workad at this organation (month and spent in this seent in the seent in this seent in this seent in this seent in the seent in the seent in the seent in the seent in t	Kumatic Endolardes
year) occupation occupation	Other Contributory Causes of importance:
(State or country) 13. NAME 14. Banker	
13. NAME John Chayler 14. BIRTHPLACE (city or town) I work to Miles State or country)	Nema of operation
15. MAIDEN NAME Mary : A TWY / Curyon 16. BIRTHPLACE (city or town) Tash to M	23. If death was due to externel causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT CAST MAY CASTY (Address) Any as as a market	Whara did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, at in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place & Suckard Come Data 4 17, 1957	Mannar of injury
19. UNDERTAKER De cultures (Address) Deur Ooch Mil	24. Was disease or injury in any may related to occupation of daceased?
20, FILED 4/15, 1937 Deuxinis Registrar.	(Signad) (Addrass) Autoch Ma. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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The principal cause of of importance were as: Arteriosclerosis	death and related causes follows:		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 7 1937	July 5,1927	Peritonitis	3 days ago
		•		
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county VICash: ngton	Registration Dist. No. 30 &
Village or City Hayorstown.	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Trover Clevel and De	asley If U. S. Veteran, specify WAR
(a) Residence: No. 2 2 5 Tulus St (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If merried, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of Lu L	22. I HEREBY CERTIFY, That I attended decessed from
70 1-1001-	, 19, 10, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Dats If LESS then	I lest sew h; death is seid
1 dey,hrs.	to have occurred on the date steted ebove, at
3 J Ormin.	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MID SAW MILL, BANK, etc. 10. Date decessed lest worked et this corruption (month and this corruption (month and this corruption (month and this corruption) (month and this	
Andustry or business in which	
work wes done, es SILK MID Cle high Cu-	
ting occupation (Month and	
yeer) Circuit - H-143-7-1 occupetion 2.9.45	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) W. Chrynd	
(State or country)	
13. NAME ? dw Mrs Deasley	
13. NAME & du Thus Beasley 14. BIRTHPLACE (city or town) R. Church	Neme of operation Dete of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME DO Record 16. BIRTHPLACE (city or town)	23. if deeth was due to externet causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide to the Date of injury 4, 4, 1927
(Stete or country)	Where did injury occur? General are, Magastown Holy, (Specify city or fown, county and State)
17. INFORMANT MYS Lulu Wealing	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Hay exstown. W.) 18. BURIAL, CREMATION, OR REMOVAL	Electrouted robile tapping a new rocces
Placetagerstountuboleani 6,1937	Manner of injury on famung loadha are, Ragerslown,
19. UNDERTAKER H. 15. Collucion	24. Was disease or Injury in any wey releted to occupation of deceased?
(Addiess) Hagers the	If so, specify
20. FILED 4-5-, 1937 Chart Bower	(Signed) La. Edurated O Geard acting Bosons
Panistras	(Address) Deagerstoron, (Mac)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

150C

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 to sur	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis Ap	1 year
		200 31	

PANINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of informula be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.-WRITE mation s

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4507
1. PLACE OF DEATH	93.00
County Mashing low	Registration Dist. No.
Village or City Haucoci	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMONIAL STEVIN POHRE	If U. S. Veteran, specify WAR
(a) Residence: No. 6 Main.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Thile Married	APRIL (Month) (Oay) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE Smina / Mershine Other	22. I HEREBY CERTIFY, That I attended deceased from MARCH 1937 to APRIL 1937
6. DATE OF BIRTH (month, day, end year) Self 6 1881	I last saw h 1/22 alive on MAPCH , 1937; death is seld
7. AGE Years Months Oays If LESS then	to have occurred on the data stated above, etm.
505 6 25 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER along . SAWYER, BOOKKEEPER, etc.	Oste ut vinet
kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. 9 industry or business in which work was done, as SILK MILL SAW MILL, BANK, atc. 10. Date deceased last worked at this occuration (month and	Abute Impocardition
SAW MILL, BANK, atc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town Local & Jan Dustruck	Other Contributory Causes of importenca:
(Steta or couplry) Morgane Co, Ma.	
13. NAME TROPAL Bohrer.	
13. NAME TONE SOME. 14. BIRTHPLACE (city or sown) MATTER SOME TONE SOME SOME SOME SOME SOME SOME SOME SOM	Name of operation Oete of
(Stata of country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIOEN NAME JULIA SHADE.	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) VIOP GALY.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMAL CHURCH CHAPLES	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place JANCOCK NID Date 4/3 193	Nature of injury
19. UNDERTAKER A Landon Cool mil	24. Was disease or injury in any vay related to occupation of deceased? If so, specify
20. FILED T 1937 To Jour Cino Registrar.	(Signed) An
If more blanks are needed address State Resistant	2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

1. PLACE OF DEATH	<u> </u>	
County Washington	Registration Dist. No. 3 6	2_
Village or City / Call Struck	No. 400.M. Potomac St.	4 Ward
	f death occurred in a horpital or institution, give its NAME instead of street and no	umber)
Length of residence in city or town where death occurred 4.0 yrs	sds. How long in U.S. if of foreign birth?yrsmos	sds.
2. FULL NAME aaa 4. Bo	If U. S. Veteran, specify WAR	*********
(a) Residence: No. 400 // Potomaca (Usual place of abode)	St., Ward. If nonresident give gity or town and S	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Naic
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21, DATE OF DEATH	
Female white OR DIVORCED (write the word)	4 2/	1937
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIEE of	22. HEREBY CERTIFY, That I ettended d	eceased from
. 10 1600	# \$v 27 ,1937, to apr 2/	, 19.5.
6. DATE OF BIRTH (month, day, and year) 48-1837	I last sew h 22 elive on 4 193/;	; death is seld
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et	
7 8 7 ormin.	were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Horne houseware SAWYER, BOOKKEPER, etc.	1	3/N.27/2
9. Industry or business in which	Granary Moreo Losis	
work was done, es SILK MILL, Gun home		
- I should fill and should fill a		
year) occupation	Other Contributors Causes of importence:	
12. BIRTHPLACE (city or town)	Diabetes	10 fors
(Stete or country)	John Scherous	5
13. NAME Jacob + ollmer	(Tulmonary Edmin)	12 kg.
13. NAME Cacot Follows: 14. BIRTHPLACE (city or town). Multiple (City or country)	Name of operation Date of	
(Stele of country)	What test confirmed diagnosis? Was there an au	stopsy?
15. MAIDEN NAME Surame Hackenby 16. BIRTHPLACE (city or town) THE Engenyelle)	28. If death was due to external causes (VIOL ENCE) fill in also the following:	
State or country)	Accident, suicide, or homicide? Dete of injury	, 19
and a second	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT HOUSE THE CARD T	Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLAI	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Hageistown Date 7/29, 193°	Nature of injury	
10 HADERTANED la-M. Sute Il	24. Wes disease or injury In any wey related to occupation of deceased?	70000
19. UNDERTAKER (Address) Has a suntoner me	- If so, specify	
10 sural - 29 - 18 Blast Bowers)	(Signed) / La Company 27	M. D.
Registrar.	(Address) Hacenstone	my Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	* \$	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 1951	July 5, 1927	Peritonitis	3 days ago
	LUREAU Y. S.			
Other contributory ca	uses of importance:	11 m 2 m 3	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S. I				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

sts UP	1. PLACE OF DEATH	(131)
onld	County Washington	Registration Dist. No. 30 2
shot of O	Village or City (If	No. 448 Mutchell St., Sward death occurred in a horpital or institution, give its NAME instead of street and number)
NS		ds. How long in U.S. if of foraign birth?yrsmosds
CIA	2. FULL NAME Emma & Bown	nan_ If U. S. Veteran, specify WAR
PHYSICIANS ct statement	(a) Residence: No. 448 Mulliall (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	7 - Wale white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
X A C T I	5a. If merried, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	6. DATE OF BIRTH (month, day, end year) Oct 27- 1893	I last saw her alive on 7 2 3 , 19 ; death is sain
stated E properly certificate.	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, at
be st be p	8. Trede, profession, or particular	Card on have bleast Jack a 1920
should it may n back	SAWYER, BOOKKEEPER, etc	750
s st t it on	10. Date dacaased last worked et this occupation (month and yaar)	
so t	12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
illy supplied plain terms,		Committee 1
sur tain t	13. NAME Joseph 13. May 14. BIRTHPLACE (city or town)	Nama of operation
carefully H in ploortant.	15. MAIDEN NAME Vinginia H. ashwoo	What test confirmed diagnosis?
be careful EATH in p important.	15. MAIDEN NAME Viguria A. Ashwow. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	17. INFORMANT Mus Ada L. Dunahus	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S E S	18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown Date 4/15, 1937	Manner of injury
mation s CAUSE TION is	19. UNDERTAKER 6. M. Suter + Sons	24. Was disaase or injury in any way related to occupation of daceased?
	20. FILED 4-14-, 1937 lakast Bowess	If so, specify (Signed) (Signed) (M. I
	Registrar.	(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAY 6 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SURF.	July 5,1927	Perilonitis	3 days ago	
	The second records and the second sec				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FUR	THER STATEMENT	S BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

4511

1. PLACE OF	F DEATH		•	930	
County	Washingto	n		Registration Dist. No.	02
Village or C	ity Huyett's Cr	oss Read	(If		Ward number)
2. FULL NAI	ME Willia	m Edwin F	Bussard	If U. S. Veteran, specify WARSt., ————————————————————————————————————	
(a) Residen	ce: No. Hyyet	(Usual place	of abode)	If nonresident give city or town and	State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word) . ed	21. DATE OF DEATH April 3 (Day)	., 193_7 (Year)
5e. If merried, widow HUSBAND of (or) WIFE of		K. Bussar	d	22. I HEREBY CERTIFY, That I attended 7 el 10, 1937, to aprif	
7. AGE Yee 67	2	Deys 19	1870 If LESS than 1 dey, hrs. or min.	to heve occurred on the date stated above, et. 10:00Am. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Dsta of onset
9. Industry or work was SAW MIL 10. Date decease this occur year)	vork done, as SPINNER, BOOKKEEPER, etc. business in which s done, as SILK MILL, LL, BANK, etc. ed last worked et petion (month and	11. Total ti spe occu	ime (yeers) nt in this upetion	Hemifolegia Junotaglitis Chy Other Contributory Causes of Importance:	2/12/37 2 4/2/37
(State or cour	Tallel.		ıt y	-	
I I	corge W. Buss				
4 14. BIRTHPLACE	(city or town) Frere country) M	rick Coun	ty	Name of operation Date of What test confirmed diagnosis? Was there en	
	ME Catherine (city or town) Washi country) Md	ngton Cou	inty	23. If death wes due to external ceuses (VIOLENCE) fill in also the following Accident, suicide, or homicide? Dete of injury Where did injury occur? (Specify city or town, county and State of the property of the prop	, 19 te)
(Address) 18. BURIAL, CREMAT	Mrs. Alice K. Hugerstown Md Ton, or REMOVAL adfording	R. D. 2		Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL Menner of Injury	
(Address)	nyder-Rawland Clearopring	Mg, //	7	24. Wes disease or injury in any wey related to occupation of deceased? If so, specify	
20. FILED. 4-6	1937 AM	MITTO OF	Registrar.	(Address) 136 W Washing	ean

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage WAI 6 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

seld

V. S. No. 1

ż

(Address)

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	1. PLACE OF DEATH	and the second
/	County Washington	Registration Dist. No. 307
/	2	No.
	Village or City Shoumandle	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long In U.S. If of foreign birth?yrsmosds.
	2. FULL NAME Sange Cullian Car	uphell If U. S. Veteran, specify WAR-
	(a) Residence: Na Brownsull Ind.	
	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Male OR DIVORCED (write the word)	(Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	
	(or) WIFE of Man . I was man Complete	22. 1 HEREBY CERTIFY, That Vittended deceased from
	Troub Competent	15 195 to 1950 13 1951
ate.	6. DATE OF BIRTH (month, day, end yeer)	I lact/saw h. Wa alive on
ų į	7. AGE Years Months Oeys If LESS than I day,hrs,	to Weve occurred on the date stete above, et 7:301 m.
certificate	53 10 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
of co	Trede, profession, or particular kind of work done, es SPINNER,	
	SAWYER, BOOKKEEPER, etc.	A
back	9. Industry or business in which work was done, as SILK MILL, W. P. A. Project	Ingina pelious
on b	U 10. Date deceased lest worked et 11. Total time (veers)	· · · · · · · · · · · · · · · · · · ·
	this occupation (month end year) spent in this occupation (Ma	
ion	2	Other Contributory Couses of importence:
uct	12. BIRTHPLACE (city or town) (State or country)	
instructions	13. NAME John W. Cambbell	-
See	14. BIRTHPLACE (city or town).	Neme of operation Oete of
	m	Whet test confirmed diegnosis? Was there an aulopsy?
important	I 15. MAIDEN NAME // COLUMN COMMES	23. If death wes due to externel ceuses (VIOL ENCE) fill in elso tha following:
ort	16. BIRTHPLACE (city or town) apland (State or country)	Accident, suicide, or homicide? Dete of injury, 19
mp	(State or country) Washi to. Md.	Where did Injury occur? (Specify city or town, county and State)
	17. INFORMANT / MA. Leva, Campbell	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
very	(Address) Brownsule md.	
is	Place Drownsulle, Md, Date Opinil. 18. 19.27	Manner of Injury
ION	Place Thoursaille Md Date Charles 19. 19. 17	Nature of Injury
0	IN HUDERTAKEN (THE A. Des + 40) De	24. Was disease or injury in any way related to occupation of deceased?

Reputy If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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If so, specify

(Signed)

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MUREAUV			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

ADDITIONAL	SPACE I	FOR 1	FURTHER	STATEMENTS	BY	PHYSICIAN

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
CONTRACTOR OF THE PROPERTY OF			170179411

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BINDING

FOR

ARGIN RESERVED

V. S. No. 1

SSman

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Combral honorphysis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 6 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	, da			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

_	County		hington			Registration Dist. No. 302
	Village or Ci	tv H	agersto	TH LIMITS	D V	No. Washington County Hospital 3 wa
		,	ty or town where		0 _{yrs} 4	If death occurred in a hospital or institution, give its NAME instead of street and number) os. 15 ds. How long In U.S. if of foreign birth?
•			Nancy			
2	. FULL NAM		952 La			St. Ward.
	(a) Resident	e: No	JUN La.	(Usual pla	ice of abode)	If nonresident give city or town and State
	PERSON	AL AN	D STATIST	ICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	Sex Female		r or race i te	5. SINGLE, M OR.DIVOR SING.	ARRIED, WIDOWELL CED (write the word LE	21. DATE OF DEATH April 30, 193 (Month) (Day) (Year)
5a.	If married, widowe HUSBAND of (or) WIFE of	ed, or dive	orced			22. A HEREBY CERTIFY. That I attended deceased from 19 3 7 to April 30 19 3
6. D	ATE OF BIRTH	month, da	v. and year) D	ecembe:	r 16, 19	
7. A	AGE Year	S	Months	Days	If LESS tha	to have occurred on the date stated above, at 2:45Am.
		0	4	15	1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
ON	8. Trade, profes kind of w SAWYER,	sion, or pa ork done, BOOKKEE	articular as SPINNER, PER, etc	Infant	Child	Total Ruenzuonia 4-27
OCCUPATION	9. Industry or 1	usiness in				
50	10. Date decease this occup year)	ation (mo	rked at nth and	11. Tot	al time (years) spent in this scrupation	
12.	BIRTHPLACE (cit			stown		Other Contributory Causes of Importance:
or I	(State or coun		Md	e de sud a la		
ATHER	13. NAME Cla		Times	etrich	7.0	None
L.	14. BIRTHPLACE (State or		own) Tal	nklin (Pa.	jounty	Name of operation Date of What test confirmed diagnosis? Class Condense Was there an au opsy?
HER	15. MAIDEN NAT	ne Ma	abel Gra	acé Rea	th	23. If death was due to externel causes (VIOLENCE) fill in also the following:
MOT			own) Frai		lounty	Accident, suicide, or homicide?
	(State or		ence L.	Pa. Detri	ch .	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address) F	lage	rstown,	Maryla	ind.	
18.	BURIAL, CREMAT			a . Mor	7 2,,19	Manner of Injury
	Place_10_0_e		/maio_sFS	A P Date ANGL	, 19.	Takara or mjarj
19.	UNDERTAKER		I.W. Kra			24. Was disease or injury In any way related to occupetion of deceased?
	(Address)		erstown	Ma	16.	If so, specify out id
20.	FILED 5	2-	1931191	rasy	Registra	(Signed) Address Address Manual Manua

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

N. B.—WRITE PE. V. S. No. 1

PHYSICIANS should state

ORD. Every item of infor-

properly classified. Exact statement of OCCUPA-

AGE should be stated EXACTLY.

INLY, WITH UNFADING INK-THIS IS A PERMANENT

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AD		E FOR FURTHER				20 (
	V way to	in gril for	at out	purgat Di	. 24.	ske died
shortle a	eller Sel	. had a d	efacets !	puremon	in of 1	scalate.
3 174 del	s duato		0		8/	/

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4516
1. PLACE OF DEATH	(3)
County VVashington	Registration Dist. No. 302
Village or City Hayers town	NO. OH Wushing An St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How iong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elmer J. Full	If U. S. Veteran, specify WAR
(a) Residence: No. 904 Mulleur An	St. H Ward.
(Usual place of abote)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Color of the word) Color of the word) Color of the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY. That I attanded decaasad from
1010	last saw han aliva on 4/4 1977; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at HR. m.
1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of open
kind of work dona, as SPINNER O Y beuter	real draws
9 industry or business in which work was done, as SILK MILL.	- CANAL ON BOOK E.
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation combinand year) 11. Total time (years) spent in this year) 12. 14. 3.3	
12. BIRTHPLACE (city or town) Beau Cy Cred	Other Centributory Causes of importance:
(Stata or country) M. d.	
13. NAME Solve Full 14. BIRTHPLACE (city or town) Secure Crush	
14. BIRTHPLACE (city or town) Seaver Crush	Name of operation // Oate of
(State of Country)	What tast confirmed diagnosis? _ elect Was there an autopsy. Y
15. MAIDEN NAM Que Calyney	23. If death was due to external causes (ViOLENCE) fill in elso the following:
15. MAIDEN NAME OF CHARLES (city or town) A Charles	Accident, suicide, or homicide? Data of injury19
S (State or country)	Where did injury occur?
17. INFORMANT MAS Service Fully (Address) Has a Cara to see	(Specify city or town, county and State) Specify whather injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURHAL, PREMATION, OR PEMOVAL	Menner of injury
Place Crule Detecture 8, 1937	Nature of Injury
19. UNDERTAKER - LE CUFLICATION (Addrass)	24. Was diseesa or injury in any way repetad to groupetion of deceased?
20. FILED. 4-6-,193) Mass Hocevers	(Signad) M. D.
Registrar.	(Address) / WWW left a / I full word

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Evample I

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Evennle II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis TAY & 1027	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RIPPALI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER :	STATEMENTS	\mathbf{BY}	PHYSICIAN
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TION is very important.

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH		
County Washing	ton	Registration Dist. No. 302
Village or City Hage	ATTUMITO SE	No. 559 Salem ask 5 Ward
		If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurredmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Quini	e Ry Grin	If U. S. Veteran, specify WAR
(a) Residence: No. 559	Salem	GIST, 5 Ward.
BEDGONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale while	Widow	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	15	22. HEREBY CERTIFY, That I attended deceased from
(or) WLFE of County	dow	and 13 1937 to and 15 1937
6. DATE OF BIRTH (month, day, and year)	16-16-1870	I last saw h 44 alive on and 15 1937; death is said
7. AGE Years Months	Davs If LESS than	to have occurred on the date stated above, at 8.3.2. m.
67 -	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	at Home	CEL 192
9 Industry or business in which		Carefral - Hermanaka - E - H-10.2
work was done, as SILK MILL, SAW MILL, BANK, etc	•	Promise of the state of the sta
O IO. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	Comment of the state of the sta
year)	occupation	China Carta
12. BIRTHPLACE (city or town)	gerstown	Other Contributory Causes of importance:
(State or country)	md.	
I I3. NAME Isaah	Holle	
13. NAME 2 a ah		Name of operation. // Date of
(State or country)	ermany	What test confirmed diagnosis?
15. MAIDEN NAME Barolin 16. BIRTHPLACE (city or town)	ea. marko	23. If death was due to external causes (VIOLENCE) fill in also the following:
O I6. BIRTHPLACE (city or town)	7.	Accident, suicide, or homicide? Date of injury19
∑ (State or country)	Lermany.	Where dld Injury occur?
17. INFORMANT Paul	Griss	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	estown. Me	
18. BURIAL, CREMATION, OR REMOVAL	41	Manner of injury
Place & agerston	Date 17 193	Nature of injury
8.m. 8	uter a Some	24. Was disease or injury in any way related to occupation of deceased? 1/6
19. UNDERTAKER A 2 2 2 C	Vatorion M.	If so, specify
4 17 25 6	Martin	(Signed) of Koher & Wells
20. FILED. 1	Registrar.	(Address) 1/5 N. Petures - St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
14-511	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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A-te	STATE OF MARYLAND	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(3)
	county Washington	Registration Dist. No. 30 3
m of hould OCC	The second are rimine of	11 1 - 1 - 1
sho of C	Village or City Huger Stown	MD. T. L. VV. VV. S. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
(Meg #	Length of rasidence in city or town where death occurred yrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
D. Ever SICIAN	2. FULL NAME NObt L. Harne	If U. S. Veteran, specify WAR
SIC ate	(a) Residence: No. 4\2 VV. VV a Sh-	St. / Ward.
	(Usual place of abode)	If nonresident give city or town and State
reccol	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A SE SE	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
L'A	mule white manied.	(Month) (Day) (Yesr)
ING NEN CTL sifted.	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY, That attended deceased from
DIN FAN A C	(or) WIFE of	gan / 1937 to 4/7 1937
BINDINAPERMANE EXACT IN classificate.	6. DATE OF BIRTH (month, day, and year) July 26-1862	liast saw h 2 ad alive on 4/7 , 19.3 7; death is said
BB	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 7 42- Pm.
FOR IS A P stated properlicatifica	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR BI IS A PE stated E properly certificate	8 Trade profession or particular	were as follows: Date of onset
70	8. Trada, profassion, or particular kind of work dona, as SPINNER boles are Caudy ha	Chrome nephritis.
VE PA	kind of work dona, as SPINNER Los ale Cause Medical SAMYER, BODKKEEPER, atc 9. Hadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at 11. Total time (years) spent in this occupation (month end	
SERVI NK-T should it may n back	SAW MILL, BANK, etc	
INK S sho t it	11. Total time (years) this occupation (month end year)	
RESERVED NG INK—THIS AGE should be that it may be ions on back of	year) Jeer 19.23 occupation 10475	Other Contributory Causes of importance:
7 4 0	12. BIRTHPLACE (city or town) 5 m; th sburg	
AD AD s, s	(State or country) M.d.	
MARGIN RE UNFADING supplied. AGF in terms, so that ee instructions	13. NAME George W. Harne	
MAH U sup	13. NAME George W. Harne 14. BIRTHPLACE (city or town milks burg	Name of operation Date of
	(State of County)	What test confirmed diagnosis? Was there an eutopsy?
X, WITT	15. MAIDEN NAME Lydia Winders. 16. BIRTHPLACE (city or town) Dear among	23. If death was due to extarnal causes (VIDL ENCE) fill in also the following:
PLAINLY, WI hould be careful of DEATH in prery important.	5 16. BIRTHPLACE (city or town) Dear spring	Accident, sulcide, or homicide? Date of injury, 19
INL be c	(State or country)	Where did injury occur? (Specify city or town, county and State)
AINLY, Id be can DEATH y import	17. INFORMANTMYS Lillie Harne	Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
E PLA Should OF D	(Address) Hagerstown. The	
C 2 10	18. BURIAL, CREMATION, OR REMOVAL Place + GREY'S town Lus Date Claul 9 19 37	Manner of injury
	Placa 1 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nature of Injury
WRITE mation s CAUSE TION is	19. UNDERTAKER H. K. Cossman	24. Was disease or injury in any way related to occupation of decaased?
B. B. T. C. I	(Address) Hay at sto un tu	if so, specify
vi II	20, FILED 4-8-, 1937 Chast Bocce 22	(Signed) M. D.
N A	Registrar.	(Addrass)
W. Vichn	M:\\: C	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cercbral hemorrhage 5 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	il water	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MADVI AND CEDTIFICATE OF DEATH

STATE OF MARTEAND	CERTIFICATE OF BEATTI	
1. PLACE OF DEATH	9:0	
County Las Marie County	Registration Dist. No. 305	
Village or City Sax Max	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
	ds. How long in U.S. if of foreign birth?	
2. FULL NAME Mary Catherns H	annialiM. S. Voteran, specify-WAR	
	St. Ward.	
(a) Residence: No. Usual place of abode)	If nonresident give city or town and S	itate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH And 30	193 7
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That pattended d	eceased from
William J. Darrison	march 15, 1937, 10 Spril 30	, 197
6. DATE OF BIRTH (month, day, and year)	I last saw here alive on April 129 1937	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated bove, at . 5. Am.	
70 (6 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER,		
SAWYER, BOOKKEEPER, etc.		1070
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chrone Myorardiles	1198
10. Date dacaasad last worked at 11. Total time (years)	J	
this occupation (month and yaar) 1937 spent in this occupation		
12. BIRTHPLACE (city or town) Mulesulle	Other Contributory Causes of Importance:	
(State or country)	Phyonic arthrolis deformans	1900
# 13. NAME Lewis 7 look		- 2
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an ac	utopsy?
# 15. MAIDEN NAME Margaret Warrenbelly	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Manager Warrent Warrent 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
E (Stata or country) Fred. O.C. ma	Where did injury occur?(Specify city or town, county and State	
17. INFORMANT Mrs. Perry Steen	Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLA	CE.
(Addrass) YO on who Md. R.I.	_	
18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date 1937	Manner of Injury	
7174	Neture of Injury 2	01
19. UNDERTAKER CU - C J Slagt to og	24. Was disease or injury In eny way related to occupation of deceased?	v
(Address) O construction.	If so, specify A Wan	
20. FILED 1 0 94.2. , 1937 () ella) - Dage	(Signed)	M, D,
Wegistrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

should state IS A PERMANENT RECORD. Every item of PHYSICIANS stated EXACTLY. FOR BINDING AGE should be

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1 B. ż

UNFADING INK-THIS ARGIN RESERVED WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	a parametria	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH 4590
1. PLACE OF DEATH	
county Washington	Registration Dist. No. 305
Village or City Leva	No. St. Ward
(If Length of residence In city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Jugant. Head	If U.S. Votoran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH JEW 14 , 193 37 (Year)
HUSBAND of (or) WIFE of	22. IHEREBY CERTIFY That i attended dacased from 14 ,1937, to Spril 14 ,1937
6. DATE OF BIRTH (month, day, and year) april, 14, 1937	t lest saw h In alive on your \$14 , 1937; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at \$20 Arm.
1 day,hrs, ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	A
SAWYER, BOOKKELPER, etc	Atillhour
work was done, as SILK MILL, SAW MILL, BANK, atc	- Julius -
O 10-Data daceasad last worked at this occupation (month and spant in this occupation corupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(State or country) Wash, C. Md	
II 13. NAME Head	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Certherine Dick 16. BIRTHPLACE (city or town)	23. if deeth wes due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Wrash. Co. md	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT John Diele	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (15 oous by Md. K.) 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Md Leva Data april 14. 1937	Neture of Injury
19. UNDERTAKER LIMY & BAY 9 SM	24. Was disease or injury in any way related to occupation of deceased?
(Address) (O oral oral oral	If so, specify
20. FILE Jan 14, 19 37. William () . 1) at	R. D. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I	li li	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915 1921	Attack of epilepsy Run over by street car	1 week ago	
Chronic interstitial ne	phritis			1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	MAY 5 1997				
Other contributory	causes of importance. S.		Other contributory causes of importance:		
Gallstones	A CONTRACT OF THE PARTY OF THE	May 1,1923	Gastroenteritis	1 year	

20, FILEO.

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93-0	
Registration Dist. No.	302
No. 94 Harmon alless,	Ward
f death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	
	1103
If U. S. Veteran, specify WAR	
St., Ward. If nonresident give city or town ar	ad State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	
(Month) (Day)	, 193(Year)
22. MAN I HEREBY CERTIFY, That I attende	d deceased from
mar. 1 1,37 . apr. 9	19.3.7
I last saw he elive on ab 7 193	Z.; death is said
to have occurred on the date steted above, at 9 a m.	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
myocardilio	
	Non
	1936
Other Contributory Causes of Importance:	
	War 9
	7937
Name of operation Dete of_	
What test confirmed diagnosis? Was there an	aulopsy?
23. If death wes due to externel causes (VIOLENCE) fill in elso the followi	
Accident, suicide, or homicide? Date of injury	, 19
Where did injury occur? (Specify city or town, county and St	ate)
(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	LACE.
Manage of Jahran	
Manner of injury	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Nature cf injury	Ky
If so, specify	
(Signed) RID. William	M. D. A
(Address) 2-465 nichows	ulum Ot
2411 N. Charles Street, Baltimore, Requesting 71 S. No. 1.	

If more blanks are needed, address State Registrar,

Registrar.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 6 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state nem of infor-Exact statement of OCCUPA. , WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every refully supplied. AGE should be stated EXACTLY. PHYSICIANS properly classified. FOR BINDING certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important. B.-WRITE PLA

V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH 4592
1. PLACE OF DEATH	- 174)
County Clasting lon	Registration Dist. No. 30 2
Village or City fu gersallows	No. Harmons alleg St., 5 Ward
// / / / / / / / / / / / / / / / / / / /	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Thu No Hill	JLU. S. Veteran, specify WAR
(a) Residence: No. 238 h. Southare (Upugl place of abode)	St., St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ON DIVORCED (write the world) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yéar)
HUSBAND of Grace U/ cll	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec - 2,8. 1904	I last saw h; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
32 3 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:
8. Jrede, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) spent In this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Tagers town (Stata or country)	
II 13. NAME Jonas till	
14. BIRTHPLATE (city or town) Unichester / Fto	Nama of operation Data of
(State of country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Survey Westly 16. BIRTHPLACE (city or town Morrage Westly (State or country) The Special Country West	23. If deeth was due to external cases (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? April Land Date of Injury
17. INFORMANT Mrs Jantes Jerleus (Address) 7-36 h	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIece NAZILLE Date 4-22, 1937	Manner of injury Trouby Natura of injury From the Jugular verm
19. UNDERTAKER W. Caldwell Mid.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 4-22-, 1937 Mast 13 owers	(Signed) (Adgress) acting Coronia

CTATE OF MADVIAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

state Exact statement of OCCUPA-PHYSICIANS should record. Every item AGE should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT properly classified.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEATH			
County	Washingt	on		Registration Dist. No. 36 2
Village or	city Hager	TOWN		No. 135 McComas Street St., 4 Wa
	The state of the s		2.0	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign blrth?mrsmos
			yrsmos	sas. How long in U.S. it or foreign dirth?yrsmos
	AME Anna 1			If U. S. Veteran, specify WAR
(a) Reside	ence: No. 135 h	IcComas	Street	St., 4 Ward.
PERSO	NAL AND STATIS		e of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH
Female	White		ED (write the word)	April 9, 193 7 (Month) (Day) (Year)
ia. If married, wide HUSBAND of (or) WIFE of	owed, or divorced Benjam:	in Irvin		22. 1 MEREBY CERTIFY. That Lattended deceased fr
. DATE OF BIRTH	ł (month, day, and year)	Unknown	1894	I last saw h alive on
	ears Months	Days	If LESS than	to have occurred on the date stated above, atm.
4	2		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, pro	fession, or particular I work done, as SPINNER,	77 117 -	21-	0 1 1 1
SAWYE	in, bookinger en, etc.	Home Wo	rk	Certifical Demonsty 4-1
work w	r business in which vas done, as SILK MILL, IILL, BANK, etc			
	ased last worked at cupation (month and	SI	time (years) pent in this coupation	
,,,,,	TENTAL TENTAL			Other Contributory Causes of Importance:
12. BIRTHPLACE (State or co	, , , , , , , , , , , , , , , , , , , ,	kertown.		Phase And I follow the
13. NAME	Unknown -		n	- move greenwas / gg /
I IS. NAME	Olliciio wii		.11	
-	()	known Va.		Name of operation
				What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following:
	TT	nknown		Accident, suicide, or homicide? Date of Injury 19
E State	CE (city or town)	Va -		Where did injury occur?
IT INFORMATION	Mr	Jaco	bs	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	135 McComa	s St.		
18 BURIAL CREM	ATION OR REMOVAL		10 75	Manner of Injury
Place_Ha	agerstown,	Ma Date A DI	19 3	Nature of injury
AR HARPETA VER	Fred W. K	raice.		24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	Hagerstow	no Marv	and.	If so, specify 1
	//	de les	Busens)	(Signed) Confform
20. FILED 7	(6-,1932	000110	Registrar.	(Address)

V. S. No. 1

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MARGIN RESERVED FOR BINDING

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 6-1937	July 5,1927	Peritonitis	3 days ago
EURPAN Y S	1		
Other contributory causes of importance:	12-00-0	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

4	per	10	- 0
/1	1	1	18
72	U	6	1

1	. PLA	CE OF DEAT				10	
80	Coun	ty Wash	ington.	LACISI DE CARE		Registration Dist. No.	30 2
			agersto	wn	(1)	No. 127 Buena Vista Ave. St	2 Ward
	Lengt	th of residence in city	or town where d	eath occurred	Vre mos	death occurred in a hospital or institution, give its NAME instead of street a	and number)
			Doris J				
2						If U. S. Veteran, specify WAR	
	(a) I	Residence: No	127 Bue		a Ave.	St., Ward.	
-	DE	RSONAL AND	CTATICTI	(Usual place		If nonresident give city or town	
2 (EX Tag		OR RACE			MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	1
-1	lale.	Wh.	ite	or Divorce	RIED, WIDOWED, D(write the word) Te	April 14 (Month) (Oay)	, 193_7(Year)
5a.	if married HUSBAI	d, widowad, or divore	ced				(1001)
	(or) WI	FE of				22. I HEREBY CERTIFY, That I attend April 10th 1937 to April 14th	
6. 1	DATE OF	BIRTH (month, day,	and year)	Nov 21,	1935.	I last sew h.er aliva on April 14th 19.3	
7. /	AGE	Years	Months 4	0ays 23	if LESS than 1 day,hrs.	to have occurred on the date stated above, at 3 11 30 Pm. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
		- d-		23	ormin.	were as follows:	Date of onset
NO	8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.					Diphtheria	mosds. n and State TH , 193_7 (Year) ended deceased from in, 19_37. 37_; death is said Date of onset 4/9/37 3 days a of
OCCUPATION	9 Indu	stry or business in work was dona, as SI SAW MILL, BANK, et	which				
CCL		SAW MILL, BANK, et deceased last work		1	ime (years)		
0	t	his occupation (mont	th and	spe	ntin this		
			Hage	rstown.		Other Contributory Causes of importence:	7 3
12.		ACE (city or town) a or country)	Mary.	and.		Acute myocarditis	o days
ER	I 3. NAM		ence Je				
프			TTo mos	rstown.			
FATH		HPLACE (city or tow (State or country)		land.		Name of operation Physical Oata of	
-		DEN NAME		Ruther	fond	What test confirmed diagnosis? Axamination . Wes there	
H						23. If death was due to externel causes (VIOLENCE) fill in also the follow	
MOTHER	16. BIRT	HPLACE (city or tow (Steta or country)	m) Mary	land.	rr •	Accident, suicida, or homicide?	, 19
	-					Whare did injury occur? (Specify city or town, county and	State)
17.	INFORMA (Add		rence Jerstown		•	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	PLACE.
18.		CREMATION, OR RE	MOVAL	ma	15- 30	Manner of Injury	
_	Place	J4 e	slow	∟ Date	, 19	Neture of Injury	
19	UNOERTA	AKER FI	red W. I	Craiss.	/	24. Wes disease or injury in eny way releted to occupation of deceased?	
20.	(Add	ress) Ha	gerstov	in. Md.	1 1	il so, specify	
20	FILED A	4-15	37/6	hadt	/ socies	(Signed) With deude	C- Control of the Manager of the Man
20.	11110227	/, 13	1	1.	Registrar.	(Addrass) 34 W. Franklin St., Hagar	stown Md.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago RHDEAN Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MADVI AND CEDTIFICATE OF

A	STATE OF MARTLAND	CERTIFICATE OF
state UPA	1. PLACE OF DEATH	108
ould occupation	County Washington	
M if grand	9 7 (16	connocounty Hospit death occurred in a hospital or institution, ds. How long in U.S. if of fore
KD. Every YSICIANS statement	2. FULL NAME Clarence Keets. (a) Residence: No. 113 W. Church	If U. S. Veteran, spec
	(Usuaf place of abode)	
PH PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CER
LY.	Male 4. Color or RACE S. SINGLE, MARRIED, WIDOWED, OR DWORFFD (weighthe word)	21. DATE OF DEATH Ap
BINDING PERMANER EXACT y classified te.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pargie Kells	Morch 30 190
BINI PERM E X A ly clas	6. DATE OF BIRTH (month, day, end yeer) Qua 18-1893	I lest sew h/M allve on Appe
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Gays If LESS then I dey,hrs.	to heve occurred on the date stated about The PRINCIPAL CAUSE OF DEATH en were es follows:
RESERVED IG INK—THIS IGE should be sthat it may be pure on back of ce	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and the second in this occupation (month and the second in this occupation).	folo Inlumon
DIN So 1	12. BIRTHPLACE (city or town) Control Courty (State or country)	Other Contributory Causes of Importence
TH U ly sur lain to See	13. NAME JOEPH CEESS 14. BIRTHPLACE (city or town) Le My (FTDLE MAN) (Steto or country)	Name of operetion Whet test confirmed diegnosis?
AINLY, WI d be carefull DEATH in p	15. MAIDEN NAME 16. BIRTHPLACE (city or town) Posch Shuson (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Posch Shuson (State or country)	23. If death was due to externel causes (Accident, suicide, or homicide? Where dld injury occur?
PL hould OF D	17. INFORMANT Mrs Clarence Keets. (Address) Hagetstown:	Specify whether injury occurred in INE
WRITE mation strange CAUSE TION is	19. UNDERTAKER SECTION 11. OF CHILD	Nature of Injury 24. Was disease or injury in any wey re
N. S. No. I	(Address) Hagerstown Md. 20. FILED 4-16-, 19.37 Must House 1 Registrar.	If so, specify (Signed) (Address) 7000
	Registrar.	" (VARIO22) - T - T - T

Registration Dist. No. give its NAME instead of street and number) eign birth?_____ds. cify WAR If nonresident give city or town and State TIFICATE OF DEATH (Day) (Year) id related ceuses of Importence Date of enset Date of Wes there an autopsy?____ VIOLENCE) fill in also the following: Date of injury 19 19 Specify city or town, county and State) USTRY, In HOME, or In PUBLIC PLACE. lated to occupation of deceesed?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimory, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY & 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
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4526

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2)
county Washington	Registration Dist. No. 302
Village or City Hadelistown	" Wach P. 1 H. 'L. 1 . 2
	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Glonzo C. Kepler	If U.S. Veleran, specify WAR
(a) Residence: No. Middle to own Mo	2 St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 23 , 193.7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WHE of Maru F Kepler	22. I HEREBY CERTIFY, That J ettended daceased from
This Treplet	march 3/, 1937, to april 23, 1937
6. DATE OF BIRTH (month, day, and year) Jan 25. 1874	I last saw have alive on Capacita 22., 19.3.7; daath Is said
7. AGE Yaars Months Days If LESS than I day,hrs.	to hava occurred on the date stated above, atm.
0 0 1 2 1 VO ormin,	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, atc. U.S. Post Office Don	Chronic artiroselati
SAWYER, BODKKEEPER, atc. 1058 Office Joph	noflit: 1920
work was done, as SILK MILL, Rural Mail Carner SAW MILL, BANK, etc.	Unine april 193
10. Date daceased lest worked at this occupetion (month and year) 11. Total tima (years) spant In this occupation 25 year)	,
12. BIRTHPLACE (city or town) Middletown Md	Other Coatributory Causes of importance:
(State or country)	Caralyna agitaria 1920
13. NAME Henry NI. Kepler	2 0 40: 0 1920
	Daniga Prost and 1935
(State or country)	Name of operation Date of
15. MAIDEN NAME Amanda Sannar	What tast confirmed diagnosis? Was there an autopsy? 2
Circle Carrier	23. If daeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) The derick (builty) (State or country)	Accident, suicida, or homicide? Date of Injury, 19
Mar Manu F. K. Ja	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ///3. // Add / falson ///	Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Luth Coverdown Middle town Mid	Manner of injury
Plece Luth Cemetery Middle april 15, 1937	Nature of Injury
Gladbil Co	
19. UNDERTAKER DLA OH II O. (Address), MI ddle form, MI	24. Was disease or injury in any way releted to occupation of deceesed?
4/25/ 27/26/14/201010	(Signed) (Signed) 12 7 - 2 0 M D
20. FILED. 1957 1957 100 100 100 100 100 100 100 100 100 10	(Address) Quil Olatona In D
	and the same of th

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 wcek ago
Chronic interstitial nephritis 11037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial ner	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 6 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		,			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	NAL SPACE FOI	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

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should state of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4528
1. PLACE OF DEATH	JOT DEATH
County Washington	Unch & Designation Diet No. 302
Village or City Lagehatown	Registration Dist. No.
()(death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Kushumanos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Corneling King	If U. S. Veteran, specify WAR
(a) Residence: No. Bellune (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ruwite the word) Male Harried	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Caroline Rose King 6. DATE OF BIRTH (month, day, and year) May 13-1867 7. AGE Years Months Days If LESS than 1 day,	22. A HEREBY CERTIFY. That I attended daceased from 19.37., to 19.37.; death is said 1 last saw h in aliva on Ap. 14. 19.37.; death is said 1 to have occurred on the date stated above, at 10. In the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and yaar) 11. Total time (yaars) spent in this occupation occupation.	Bruchiel Pucuncuiu Ofs14
12. BIRTHPLACE (city or town) Keldysulle (Stata or country)	Other Contributory Causes of importance:
13. NAME Hamilton King	
13. NAME Hamilton King 14. BIRTHPLACE (city or town) Kerdysnille (State or country)	Name of operation
15. MAIDEN NAME Anna Zurnu 16. BIRTHPLACE (city or town) Relatively (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?

Specify city or town, county and State)

17. INFORMANT Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

(Address) Manner of injury occurred in INOUSTRY.

Manner of injury occurred in INOUSTRY.

19. UNDERTAKER Scott T. Minnich Bon (Address) Hagustown md.

Registrar. (Address) __

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Natura of injury.

If so, specify

(Signad)

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	(150) 4 01/
County Washington	Registration Dist. No. 304
Village or City Hancock.	NoSt.,Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
011/21/1/2	
2. FULL NAME Olla May full	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That attended dacaasad from 4-24, 193.7, to 4-24, 193.7
6. DATE OF BIRTH (month, day, and year) 4-24-37	I last sew has aliva on 4 - 25 , 19.3.7; daath is said
7. AGE Yaars Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were es fallows: Date of oneet 4-24-39
9, Industry or business in which	H 02 I seed a cold
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Jan al San I would be
10. Date daceasad last worked at this occupation (month and year) spant in this occupation occupation	The state of the s
12. BIRTHPLACE (city or town) Hancock md.	Other Contributory Causes of importance:
(State or country)	
13. NAME Villy Vommerfille	
13. NAME hilly former fittle 14. BIRTHPLACE (city or town) former fittle (State or country)	What tast confirmed diagnosis? I AM: Turkmawas there an autopsy? M.D.
	23. If daath was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Chorous de Hovernall 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Tiellife A celled	Specify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place was Chafe & Date 4/20, 193/	Nature of injury
19. UNDERTAKER Phillip M Leftle	24. Was disaase or injury In any way ralated to occupation of decaased?
(Addiass) fully (ACI) had	(Signed) Herbur N. Stephens W.D.
20. FILED TO THE Registrar.	(Addrass) Hancrek Wil

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PROPERTY V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	- 3/24
Gallstones .	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH			95-20	
County Washington Co.			Registration Dist. No. 302	
Village or City Hagerstown . Md .			(If	No. 121 Buna Vista Ave St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasio	danca in city or town where d	aath occurrad	yrsmos	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAT	ME Tamson	Luttrel	1	If U. S. Veteran, specify WAR
(a) Residence	ce: No. 121 Buna	Vista (Usualplace	Ave.	St., Ward. If nonresident give city or town and State
PERSON	AL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
s. sex Female	4. COLOR OR RACE White		RIED, WIDOWED, O (write tha word) OW	21. DATE OF DEATH April 23 , 193 7 (Month) (Day) (Year)
5a. If merriad, widows — HUSBAND of (or) WIFE of	ad, or divorcad G.W. Lu	ttrell		22. I HEREBY CERTIFY, That I attended decaased from 4/18 137, to 4/23 19.7
6. DATE OF BIRTH (month, day, and year)	Nov. 7,1	867	I lest saw h M elive on 4/2/ , 19.37; death is said
7. AGE Year	rs Months	Oeys	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1:00 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profas	sion, or perticular	1 16	ormin.	arterio-Sclantic Carsho Varular Dato of onset
9 Industry or I	ork done, as SPINNER, BOOKKEEPER, etcbusiness in which dona, as SILK MILL,	House	Wife	Disease with mynodist failure
- (1112 0000)	SAW MILL, BANK, etc		it In this	
12. BIRTHPLACE (city or town) Frederick Co., Va.		, Va.	Other Contributory Causes of Importance:	
13. NAME	James Hef:	flih		
H 14. BIRTHPLACE (Stata or	(city or town) Fr		Co., Ma.	Name of operation 2003. What test confirmed diagnosis? Classification Was there an autopsy? Adv.
15. MAIDEN NA	ME Margaret	Clark		23. If death was due to axtarnal causas (VIOLENCE) fill In also the following:
15. MAIDEN NAME Margaret Clark 16. BIRTHPLACE (city or town) Frederick Co., Va. (State or country)			Co., Va.	Accident, suicida, or homicide?Oate of Injury, 19 Where did injury occur?
17. INFORMANT Layd Luttrell (Address) Martinsburg, West Va.			(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury	
Placa Shockeysville, Ja. Apr. 25, 137.			r.25,137	Nature of Injury
19. UNOERTAKER Voyne B. Omps (Addrewinchester, Va.				24. Was disaase or injury In any way polated to occupation of deceased 1/4/
20. FILED 4-27, 1937 GNASH Bowers Registrar.			Socress Registrar.	(Signed) M. O. (Andrass)/70Why Hagaus mills

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis MAY & 1997	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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EXACTLY, PI y classifled. Ilcate.	Vill
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supplied n terms See instr	8 0
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ATH I	9 B
Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	PARENTS
ould of o	14 7
ANS shatement	
- Ev	15
1.	

PLACE OF DEATH	STATE OF MARYLAND
County Nashing to	CERTIFICATE OF DEATH
	Registration Dist. No. 302
Village or City (No. 1)# 4	St: Ward) (If death occurred a hospital or institution, give Its NAME istead of street as
2FULL NAME from 11/00	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH 4 - /0 1927	17 I HEREBY CERTIFY, That I attended the deceased fro
(Month) (Day) (Year)	that I last saw harmon 4-10- , 1977
7 AGE Remotivo (>1 ms.) If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Stillforn (7 12 ms)
(b) General nature of industry business, or establishment in which employed or (employer)	(Duretion)yrsmosd
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Shokon Mortin	(Signed) M. 1927 (Address) M.
OF FATHER (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Britis & Megus	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place in the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Whehm Mater	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Seg. mg 17 + 4	Reillo Mannoni Te lahurch 4-10 . 193
Filed april 10 1987 Janet M. Inswander seputy Rogistra	20 UNDERTAKER ADDRESS Hog. 18#4
if more banks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Com many, laborer, Farm laborer, Laborer—Com mens, who are engaged in the duties of the state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. goged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housenature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASCE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Stelanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death as fracture of skull, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; Whooping cough; Chronic valvular heart disease; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary). approved Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial Inephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the or intercurrent) affection and consequences (e.g., scpsis, etc. The contributory need not be

'If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permaneutly filed.

1. PLACE OF DEATH	
county VKasn: ngton	Registration Dist. No.
Village or City Ha a a o ks to was	Notto Decement Fre- st 2 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred L. 2yrs,mos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME DY C. Duron Mark	nIf U. S. Veteran, specify WAR
(a) Residence: No. Hhad Sund mid Am	St., Z., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(monum) (bay) (real)
HUSBAND of (or) WIFE of H as a)	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Sent 22 - 1895	I last saw h alive on , 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
# 1 6 14, 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	
Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
year) f. M. Can . 2. 2-17.3 occupation 1.5.473.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) VV: nstm- 20 lem	
(State or country) M Cor allue	
13. NAME VV 3. May t: n. 14. BIRTHPLACE (city or town) W: h.S Salery (State or country)	
14. BIRTHPLACE (city or town) W: h Ston - Saleue	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
IS. MAIDEN NAME (7); ce Las les	23. If death was due to external causas (VIOL ENCE) fill in also the following:
15. MAIDEN NAME (7); ce los les	Accident, suicida, or homicide and Lind Date of Injury 16 137
(State or country)	Where did injury occur?
hand a land a	Specify whether injury occurred of DOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT A CONTROL OF A CO	home
18. BURIAL CREMATION, OR REMOVAL	Manner of injury arounding in fath tub
Placet (a Cr sto un Mondelux 8, 193)	Natura of Injury
N 16 0. CC	
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hagex stoum, We	If so, specify
20. FILED 4 - 6 - , 1937 Allos Most Maccell 2	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis MAY 6 1007	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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b.		
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Dr. Dodd.

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certificate.

1. PLACE OF DEATH	(8)
County Washington	Registration Dist. No. 307
Village or City Park Hall - Mar	Compusaille St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Charles C. Pres	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	14.5t., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male White Wedowied	(Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	22. HEREBY CERTIFY. That I attended deceased from
(or) WIFE of I da merty.	april 12 1937 10 april 15 1937
6. DATE OF BIRTH (month, day, and year) July 28. 18.7	I last saw hear alive on Coffee 14 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, at 2
80 1 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	The Digree Born Mar 19:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	10xem apr 193
work was done, es SILK MILL, SAW MILL, BANK, etc.	and 1927
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Chronic neplation 1930.
(State or country) wash, Co. md.	Beneaty et at 1920.
13. NAME Cornelius Merte.	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Character Was there an autopsy?
15. MAIDEN NAME Gave Smith 16. BIRTHPLACE (city or town) Monrovew Md (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (Lace Dut. Date of Injury 25, 19. J. 7.
S (State or country)	Where did Injury occur? Parke Hall, washington Co mod
17. INFORMANT alway marts.	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Hegeleston rold.	Home
Piece Mt. Carred Date Opid: 17. 1937	Manner of Injury Watel squate herosan an Pant
Plece I YU . Carnsul Date Cland . I . 1987	Nature of Injury 3 - Segre lum of high hands for
19. UNDERTAKER W - 7 - 10 and 40 or	24. Was diseasa or injury in eny way related to occupation of deceased?
(Addrass) Donalm md.	If so, specify
20. FILED Upor 1, 19 37 Mr. Kalhame Nagenhart	(Signad) Action of M.D.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

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	-	S

. 0

Exact statement of OCCUPAproperly classified.

AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be ry important.

MARGIN RESERVED FOR BINDING

B.—WRITE V. S. No. 1

MOLL

1. PLACE OF DEATH		(KOZ)	
County Washington		Registration Dist. No.	302
Village or City Hagersto		No. Washington County Hospita	al 3
Village or City ITARETS CO	WII	NO. If death occurred in a hospital or institution, give its NAME instead of street an	ward ward
Length of residence in city or town where		sds. How long in U.S. if of foreign birth?yrs	11-4-07-1
2. FULL NAME Male c	hild of George L	. Milleru. S. Veteran, specify WAR	
(a) Residence: No. 107 Hi		St., 5 Ward.	
(a) nosidence. No.	(Usual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATIST	FICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH A pril 21, (Month) (Day)	, 193 7 (Year)
5a. If married, widowed, or divorced		(month) (bay)	(1001)
HUSBAND of (or) WIFE of		1 HEREBY CERTIFY, That I ettende	ed deceased from
Δ	pril 20, 1937.	Upril 20th 1821 . a april 21	19.3.1.
6. DATE OF BIKIH (month, day, end year)		I II I A.	1 ; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et	
0 0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onest
8. Trade, profession, or particular kind of work done, as SPINNER,	Infort Child	A	,,,
SAWYER, BOOKKEEPER, etc.	Infant Child	Celled Henorlage	H. 51.37
9, Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked et	11. Total time (years)		
this occupation (month and year)	spant in this		
12 BIRTHPI ACE (city or town) Hagers	t.own	Other Coutributory Causes of Importence:	
12. BIRTHPLACE (city or town) nagers (State or country) Md.		Maria Territoria	112025
	ller	- Duffuur Caus	W. 7-0.2.
13. NAME George L. Mi		Name of acception	
(State or country)		Name of operation Date of What test confirmed diagnosis? Was there e	A. 1
		23. If death was due to external ceuses (VIOLENCE) fill in also the follow	
Ξ 3/ 4	insburg,	Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town) W. W.		Where did injury occur?	
		(Specify city or town, county and S	state)
17. INFORMANT George L. (Address) Hagerstown.	Md.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Hagerstown, N	Id .Date Apr. 22, 19 37	- Nature of injury	
19 UNDERTAKER Fred W. KI	20100	24. Wes disease or injury in eny way related to-occupation of deceased?	MAA
(Addiess) Hagerstown		If so, specify \(\int \mathcal{D} \) \(\int \mathcal{D} \)	T. W.N
16-22-27	111 HIBarrons	(Signed) Say Hand	M D
20. FILED 7	Registrar.	(Address) A along the land	0.
	0		~

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requiring V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	h-y-world	Example II	
The principal cause of importance were a		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ECLIVED	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

stated EXACTLY. properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

AGE should be

m ż STATE OF MADVI AND—CEPTIFICATE OF DEATH

1. PLACE OF DEATH		45.1) +	
County Wahhington		registration pist, No.	02
Village or City Hagerstown	11.25.64	No.Middleburg Pike	5 Ward
Langth of residance in city or town where daeth	occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and in the death of the death of the death of the death of the death occurred in the death of the death occurred in a hospital or institution, give its NAME instead of street and in the death occurred in a hospital or institution, give its NAME instead of street and in the death occurred in a hospital or institution, give its NAME instead of street and in the death occurred in the d	number) osds
2. FULL NAME John H. M		If U. S. Veteran, specify WAR	
(a) Residence: No. Middlebu	rg Pike	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 5, (Month) (Day)	, 193_7 • (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V.	Miller	22. HEREBY CERTIFY. That I attended	
Mar	ch 24, 1860		, 19.37
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months		to have occurred on the date stated above, at 3:00 A m.	.; daath is sal
	12 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related ceuses of Importance	
	ormin.	wera as follows:	Oate of onsa
8. Trada, profession, or particular kind of work done, as SPINNER, Re SAWYER, BODKKEEPER, etc.	tired Farmer		/
9. Industry or business in which		Carcus una lower lips	1934
work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this occupation		
yaar)		Other Contributory Causes of Importanca:	
12. BIRTHPLACE (city or town) Leiters	burg	!	-
(State or country) Md.			
I3. NAME Jacob Miller			-
14. BIRTHPLACE (city or town) Unkn	own	Name of operation Data of	/7
		Whet tast confirmed diagnosis? Was there an	utopsy?_(LL.
IS. MAIDEN NAME Catherine	Lesher	23. If daath was dua to external causes (VIOLENCE) fill in also the following	:
5 16. BIRTHPLACE (city or town) Unknows	n	Accidant, suicide, or homicide? Date of Injury	, 19
(State or country) Pa.		Where did Injury occur? (Specify city or town, county and Sta	
17. INFORMANT Mrs. Fred M. (Address) Hagerstown,	Long Md.	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ÄCE.
18. BURIAL, CREMATION, OR REMOVAL	0 70	Mannar of Injury	
Place Manor Cemetery	Oete Apr. 1, 1957	Neture of injury	
19. UNDERTAKER Fred W. Krais	5.	24. Was disease or Injury in any way related to occupation of deceased?	1.
	Md.	If so, specify	
20. FILED 4-6- 1937 6/10	Allowen	(Signed) E. C. Complett	M.
20. FILED	Registrar.	(Address) 145 les Wash ST Hag-	usta.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY & 1927	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	42
Gallstones	May 1,1923	Gastroenteritis	1 year

should state WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(31)	
county Washington		Registration Dist. No.	02
Village or City A CY STO WITH	Gf	No. 441 No Potomae St., death occurred in a hospital or institution, give its NAME instead of street and n	5 Ward
Langth of residanca in city or town where death occurred 3.3.		ds. How long in U. S. if of foreign birth?yrsmo	
2. FULL NAME Mathias Leter IT &	sller s	Y	•••••
(a) Residence: Not H 1 10 - Fotory (Usual place of ab		St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEE OR DIVORCED (22 Marries		21. DATE OF DEATH (Month) (Oav)	193
5a. If married, widowed, or divorcad	`	Name of the second seco	
HUSBAND OF Way Belle.		22. I HEREBY CERTIFY. That I attended to	leceased from
6. DATE OF BIRTH (month, day, and laar) Sunt 29-	1854	Hast saw h in alive on abril 12 1937	: daath is sald
7. AGE Yaars Months Oays	If LESS than	to have occurred on the date stated above, et	
	day,hrs. rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
Z 8 Trade, profession, or particular	1	myocardilis Chr	>
SAWYER, BOOKKEEPER, etc Organ 15 u.	110ex	neplinitis Chi	7
kind of work done, as SPINNER OYA SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased last worked at this occupation (month end		Uraemia	4/10/37
	(yaars) this on HOUXS		
12. BIRTHPLACE (city or town) OSSergaard	Borlin	Other Coutributory Causes of importance:	
(State or country) Deamarts			
13. NAME NO STORGEN MÖHE 14. BIRTHPLACE (city or town). Bornholm	24		
I4. BIRTHPLACE (city or town) Dornholm		Nama of oparation Data of	
(Stete of country) Dece Thank		Whet test confirmed diagnosis? Was there an a	utopsy?
15. MAIOEN NAME Wort ilderrand Pet	Ersen	23. If daath was due to external causes (VIDLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) 120xnhelm		Accident, suicide, or homicide? Dete of Injury	, 19
(State or country) Deumans.		Where did injury occur?	
17. INFORMANT M. P. TTO 1122 JY:		Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL	_	Manner of injury	
Place Hayerstown. Www oate April	15 19 7.	Nature of injury	
19. UNDERTAKER (-) - 15. COSSman		24. Wes disease or injury in any way related to occupation of decaased?	
(Addrass) theger stour W	.	If so, specify	
20. FILEO 4-14- , 19.37 Bhas # 630	vess) Registrar.	(Signed) Ath Porterfield (Address) 13 le (1) Washingt	8M. D.
4	***************************************	U VC; VC	

D. Poltufield

N. B.-WRITE PLA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 6 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 4538

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ite	plnods	of OCC		
ORD. Every	HYSICIANS	statement		The second secon
VENT REC	TLY. PI	fied. Exact		
V PERMAN	DY EXAC	erly classif	icate.	
SI	state	orc	ertif	
SIL	pe s	pe 1	of c	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	(71%)
County Washing Ton	Registration Dist. No. 307
Village or City Telephanton	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) Weds. How long in U.S. if of foreign birth? yrs. mos. ds.
0 10 14	. \
2. FULL NAME O enfamm frankl	A Waysteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Day) (Day)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended decaased from
(or) WIFE of Suglo	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2Am.
42 3 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	alul heart allack
SAWYER, BOOKKEEPER, etc.	Caused by lilloholism
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (rgonth and spant in this	
yaar) 193-7 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Brownsville	Other Conditions of Emportance.
(State or country) Wash. Co. md.	
14. BIRTHPLAC (dity or town)	
4. BIRTHPLACE (Atty or town)	Nama of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) 13. Nousaile	23. If death was due to external causas (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) 3 hours will	Accidant, suicida, or homicide? Date of Injury, 19
(State or country) Work, Co. md	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs. Reta Moss (Address) Mrs. Reta Moss	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Cational Century, Sharpety Date april 1/2, 1937	Nature of injury
19. UNDERTAKER ON SOME SOM	24. Was disaase or injury in any way related to occupation of deceased?
(Address) Boundon Md.	If so, specify A
20. FILED apr. 12th, 1937 Cornelius Nr. Castle	(Signed) Tobar S. Colong and Color Corrolls

If more blanks are needed, Iddress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance.	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1 2 .	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICI	AN
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V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

4539

1	. PLACE OI		H shingto	n Co		(8)	343
	County Village or C		Vear St				.,Ward
	Length of resi	dence in city	or town where d	leath occurred		death occurred in a hospital or institution, give its NAME instead of streetds. How long in U.S. if of foreign birth?yrs	
2			Paul Vear St			If U. S. Veteran, specify WAR	••••••
.00.00				(Usual place of	of abode)	If nonresident give city or tow	
				CAL PARTIC		MEDICAL CERTIFICATE OF DEAT	TH
3.	Male		OR RACE White		tifD, WiDOWED. (write the word)	21. DATE OF DEATH April 23 (Month) (Day)	, 193. 7 (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divorc	ced			22. HEREBY CERTIFY, That letter	ended deceased from
-	DATE OF BIRTH (7	Months 9	July Days	If LESS than I day, hrs.		; death is seid
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and spant in this			11. Total ti	me (years)	following result From	5 4h	
12.	BIRTHPLACE (cit (State or cour	ty or town)	Washi	ngton Co	pation	Other Coutributory Causes of Importance:	
2	13, NAME		. Edga	r Mowen			
FATHER		(city or tow		ington (Co.,Md.	Name of operation Dat What test confirmed diagnosis? Was the	
MOTHER				R. Hykes		23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the fol Accident, suicide, or homicide? Date of injury Where did injury occur?	llowing:
17. INFORMANT J. Edgar Mowen (Address) Near St Paul						(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Broadfording, Md Date April 25, 19.37					i125,19.37	Menner of injury	
19. UNDERTAKER Snyder — Rowland (Address) Clear Spring, Md.					ì	24. Was disease or injury in any way related to occupation of decease	-
20	FILE	2.5, 19	87	blanks are needed, a		(Signed) Color (Address) Color (Signed) Color (Address) Color (Signed) Color (Sig	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory takes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 7 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

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T	()	I	1	E.	

1. PLACE OF DEATH			(131)
County Washington			Registration Dist. No 204
Village or City Near Han		, (If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where o	death occurred	yrs,mos	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME John Hen			If U. S. Veteran, specify WAR
(a) Residence: No. Hance		R. D. 2	
	(Usual place of		If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White	or pivorcer Singl	RIED, WIDOWED, (write the word)	21. DATE OF DEATH April 23, 193 7 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of			22. ALLER EBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	arch 3,	1857	I last saw h alive on April 72 , 1937; death is said
7. AGE Yaars Months	Days 20	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, at Action 1. The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	осси	me (years) It in this pation	Other Contributory Causes of importance:
	Md.	ari v y	apollery
13. NAME Adam Myers			() ()
13. NAME Adam Myers 14. BIRTHPLACE (city or town) Fult	on Count Md.	y	Name of oparation
(State of country)	Beard		What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Fulton County			23. If death was due to external causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide?
State or country 17. INFORMANT Villiam A. (Address) Hancock M	Shoemak d. R. I	er). 2	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Stone Bridge,	lode. App	r. 25 _{,19} 37	Manner of injury
19. UNDERTAKER Snyder-Rowl (Address) Hancock, M			The state of the s
20. FILED 4/34 , 137 2	Je le	MCcccs Registrar.	(Signed) M/I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis MAY 7 147	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	il il	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUREAU V. E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		THE SECOND SECON	

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BINDING

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Gallstones	May 1,1923	Gastroenteritis 1 year
		0 93
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ADDITIONAL SPACE F	or furth	ER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.—

1. PLACE OF DEATH County. Mashinate the work village or City. Wash of the spital state of the spital stat		STATE OF MARYLAND—	CERTIFICATE OF DEATH 4543
County Mas Air Mark 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1. PLACE OF DEATH	la la ma
Length of residences In city or town whate death occurred. Length of residence: No. 2. FULL NAME (a) Residence: No. (b) St. Ward. (c) Residence: No. (c) St. Ward. (d) Residence: No. (e) Residence: No. (f) St. Ward. (e) Residence: No. (f) St. Ward. (g) Residence: No. (h) St. Ward. (h) In nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS (g) Residence: No. (h) St. Ward. (h) In nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS (g) Residence: No. (h) St. Ward. (h) In nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (g) Residence: No. (g) Residence	1	County Washington	50)
2. FULL NAME (a) Residence: No. M. J.			No. Washington County Hospitalst, 3 Ward death occurred in a hospital of institution, give its NAME instead of street and number)
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ON DIVORCED (write the word) 5a. If married, widowed, or divorced to bode) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular 8. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in which it. 9. SAWER, BOUNKEPER, etc. 9. Industry or business in morrison. 19. In BERTHPLACE (city or town). 10. Data decasable law worked at this occupation (month and port 2) 10. Data decasable law worked at this occupation (month and port 2) 10. BURNAL, CERNATION, OR REMOVAL 10. BURNAL, CREMATION, OR REMOVAL 10. BURNAL, CREMATION, OR REMOVAL 10.			
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the write the word) OR DIVORCED (write the write the word) OR DIVORCED (write the write the write the write		2. FULL NAME John E. O'neal	
3. SEX 4. COLOR OR RACE OR BIVORCED (which word) 5a. It married, widowed, or divorced BIVORNED (which word) (c) Arry 6. DATE OF BIRTH (month, day, and yaar) 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular 8. Trade, profession, or particular 8. Trade, profession, or particular 9. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date dacassed last worked at year of portanger or business of importance: 11. Internation, or country) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. BIRTHALE, Celiy or town) 16. BIRTHALE CELIP TO TOWN 17. Correct Country 18. Internation, or country 19. 10. And the state of the profession of decasaad? 19. 10. And the state of the profession of decasaad? 19. 10. And the state of the profession of decasaad? 19. 10. And the profession of the profession of decasaad? 19. 10. And the profession of the profession of decasaad? 19. 10. And			
So. It married, wildowed, or divorced HUSSAM and year) So. DATE OF BIRTH (month, day, and year) So. DATE OF BIRT	ij	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or)—HIFE-OT COTA FASTER day Meal 6. DATE OF BIRTH (month, day, and year) Sect 21, 876 7. AGE Yaars Months Days If USS than I day,		Male White OR DIVORCED (write the word) Married	CRI 13 193
To AGE Years Months Days IT LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related above, at		HUSBAND of	22. I HEREBY CERTIFY That I attended dacaasad from 1937, to 13, 1937
The PRINCIPAL CAUSE OF DEATH and related causes of importence were as sollows: No. No		6. DATE OF BIRTH (month, day, and year) Sept. 22, 1876	I last saw h. Luce aliva on Cept 2 1927 ; death Is said
B. Trade, profession, or particular kind of work dona as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BAIK, atc. 10. Data dacased last worked at this occupation (month and April 37) spant in this year) 12. BIRTHPLACE (city or town) Frederick County, (State or country) 13. NAME 14. BIRTHPLACE (city or town) Frederick County, (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Frederick County, (State or country) 17. INFORMANT Frederick County, (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place Author Country, Date of injury, Modeletown, Country, C			to heva occurred on the date stated above, at
8. Trade, profession, or particular kind of work doma, as SPINNR, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data dacased last worked at this occupation (state or country) 11. Total tima (years) spant in this cocupation (month and port 2) 12. BIRTHPLACE (city or town). Frederick Country, (State or country) 13. NAME 14. BIRTHPLACE (city or town). Frederick Country, (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Frederick Country, (State or country) 17. INFORMANT 18. BURTHPLACE (city or town). Frederick Country 19. UNDERTAKER 18. BURIAL, CREMATION, OR REMOVAL Place Luth. Cemetery Middle for May 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Total tima (years) spant in this coccupation 10. Other Coatributory Causes of importanca: 10. Data disposite City or town) 11. Total tima (years) spant in this coccupation of operation. 12. BIRTHPLACE (city or town). Frederick Country What test confirmed diagnosis Lity			were se follows:
Jean John John John John John John John Joh		8 Trade profession or particular	Date or onset
Jean John John John John John John John Joh		9. Industry or business in which work was done, as SILK MILL,	oug. Harries can
12. BIRTHPLACE (city or town) Frederick County, 13. NAME A mos Oneal		- In spant in this 1	
What test confirmed diagnosis was there an autopsy? In the state of country was there are autopsy? In the state of country was there are autopsy? In the state of country was there are autopsy? In the state of country was there are autopsy? In the state of country was there are autopsy? In the state of country was the control of the state of country was there are autopsy? In the state of country was there are autopsy? In the state of country was there are autopsy? In the state of country was there are autopsy? In the state of country was there are autopsy? In the state of country was there are autopsy? In the state of country was the country was there are autopsy? In the state of country was the country was there are autopsy? In the state of country was the country was there are autopsy? In the state of country was there are autopsy? In the state of country was the c			Other Contributory Causes of importanca:
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what test confirmed diagnosis? Was there an autopsy? La Condition Was there an autopsy? La Condition Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) It is different form (Addrass) Manner of injury Lang or road to say but began to be an autopsy. La Manner of injury Lang or road to say but began to be an autopsy. La Manner of injury Lang or road to say but began to be an autopsy. La Nature of Injury Lang or road to say but began to be an autopsy. La Nature of Injury Lang or road to say but began to be an autopsy. La Nature of Injury Lang or road to say but began to be an autopsy. La Nature of Injury in any way ralated to occupation of deceasad? 24. Was diseasa or injury in any way ralated to occupation of deceasad?		14. BIRTHPLACE (city or town) Frederick County	OD: E double
16. BIRTHPLACE (city or town) Frederick County (State or country) 17. INFORMANT Mrs. Cora E. One at (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place Middle for Mi	4	W 15. MAIDEN NAME Charlox to Laurkins	
17. INFORMANT Ars Cora E. One at Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) // ddletown N/d 18. BURIAL, CREMATION, OR REMOVAL Place Middle town Date Art One of Injury Removed was but bey auto Nature of Injury Quantum Ars Cora E. One at Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Removed was but bey auto Nature of Injury Quantum Ars Cora E. One at Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of Injury Removed was but bey auto Nature of Injury In any way related to occupation of deceasad? 24. Was diseasa or injury in any way related to occupation of deceasad?		16. BIRTHPLACE (city or town) Frederice County (State or country)	Accident, suicide, or homicida? Daje of injury 4-10, 1937
18. BURIAL, CREMATION, OR REMOVAL Place Luth. Cernetery Middle town april 15, 1937 Nature of Injury On a afre 19. UNDERTAKER Gladhill Co. 24. Was disease or injury in any way related to occupation of deceased? Lo.		17. INFORMANT Mrs. Cora E. Oneal	(Specify city or town, county and State)
19. UNDERTAKER Gladhill Co. 24. Was diseasa or injury in any way related to occupation of deceasad? Lo		18 RUPIA! CREMATION OF REMOVAL	
(Addrass) Middletom, Md. If so, specify		01-11-11-1	1
		(Addrass) Middletom. Md.	If so, specify

(Address) __

Registrar.

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Example 1	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other cost ibuters and fine	
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

		I MAIN	ILVIAD	
CountyWa	shingtor Hagersto	Wn	(II	Registration Dist. No. No. 58 Randloph Avenue St., 4 War death occurred in a horpital or institution, give its NAME instead of street and number)
County Washington Village or City Hagerstown Length of residence in city or town where death occurred 70 yrs. 2. FULL NAME Carrie Brezler Ottle (a) Residence: No. 58 Randolph Avenue (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOU OR DIVORCED (write the wildow) ALI marriad, widowed, or divorced HUSBAND of (or) WIFE of Alfred Brezler Ottlein DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS 70 9 29 1 day, or or month of the work was done, as SPINER. Home Work SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decassad last worked at this occupation (month and year) 2. BIRTHPLACE (city or town) Hagerwtown, (State or country) Md. 13. NAME Edwin Boward 14. BIRTHPLACE (city or town) Washington County (State or country) Md. 15. MAIDEN NAME Sarah Stouffer 16. BIRTHPLACE (city or town) Washington County (State or country) Md. 7. INFORMANT Charles Brezler (Address) 58 Randolph Avenue 8. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. edute Apr. 12.,				
				If U. S. Veteran, specify WAR
(a) Residence: No.	County Washington Village or City Hagerstown Length of residence in city or town where death occurred 70 yrs. FULL NAME Carrie Brezler Ottlei (a) Residence: No. 58 Randolph Avenue (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS (a) 4. COLOR OR RACE White OR DIVORCED (write the work of the			St, 4 Ward. If nonresident give city or town and State
PERSONAL AI	PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH
		OR DIVORCE		21. DATE OF DEATH April 9, 193 7 (Month) (Day) (Year)
5a. If marriad, widowed, or div HUSBAND of (or) WIFE of Alf	orced red Brez	eler Ot	tlein	22. I HEREBY CERTIFY. That I attended deceased from 1937, to and 1937, to 1937.
P DATE OF BIRTH (month of	Jı	me 11,	1866	
7. AGE Yaars	Months	Days	If LESS than 1 day,hrs.	to have occurred on the data stated abova, aLO:OOP _m . The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			tima (years)	Other Castributary Causes of Importance:
(State or country) Md				
14. BIRTHPLACE (city or town) Washington County				Name of operation Date of Was there an europsy?
	Sarah St	ouffer		23. If daath wes dua to external causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Washington County			County	Accidant, suicide, or homicide?
(Address) 58 F	andolph	ler Avenue		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
		- Date_Apr	. 12,,19.37	Mannar of Injury
19. UNDERTAKER Fre	d W. Kra	iss, Maryla	nd .	24. Was disease or injury in any wey related to occupation of deceased? If so, specify
20. FILED 4-11-	1937	east!	Powers	(Signad) Mellesterman M

V. S. No. 1

N. B.-WRITE

CORD. Every item of infor-PHYSICIANS should state of OCCUPA-

Exact statement

EXACTLY.

properly classified.

WITH UNFADING INK-THIS IS A PERMANENT

AGE should be stated

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied. AINLY,

MARGIN RESERVED FOR BINDING

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAI 6 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

MARGIN

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	73	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAV C 300	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s	3		
Other contributory causes of importance:	h-H-1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

PHYSICIANS should state RECORD. Every item of infor-Stated EXACTLY. PHYSICIAMS successified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4040
1. PLACE OF DEATH	[3]
County YVASNINGTON	Registration Dist. No. 302
Village or City beixexsbux	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
/ Ol III 8.1	AOMY If U.S. Veteran, specify WAR.
(a) Residence: No. Leiters bus	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Female white OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That, I attended daceasad from
(or) WIFE of JOSEph A.	Jan / 1937 to 4/16
6. DATE OF BIRTH (month, day, and year) 3 Que 14 - 1864	I last saw h & elive on march / 1937 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 20 m.
73 3 1 2. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trada profession or particular	arthritis Dufarmans Date of onset
SAWYER, BOOKKEEPER, etc	Chronic Endo Carditis
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Of the last of the
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked et this occupation (month and year) spent in this occupation.	-unuse repiners
12. BIRTHPLACE (city or town) Beaver Creek (State or country)	Other Contributory Causes of importance:
13, NAME TO LANGE REASON AS	
14. BIRTHPLACE (city or town). Beauty	Name of a section
(Stata or country)	Name of operation
E 15. MAIDEN NAME OF A COLOR	What test confirmed diagnosis? Was there an aulopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME CONTROL OF TOWN A CONTROL OF TOW	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur?
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place True 9 Cx s Long Date 4, 19.3.1	Nature of injury
19. UNDERTAKER A . K. Ca S. man	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 4- (6- 19 37 Mush Rowe)	(Signed) Stutle M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evennle II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
of importance were as follows: Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Cerebral hemorrhade	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

1. PLACE OF DEATH	23
County Washington Village or City Hagerstown	Registration Dist. No. 302 No. Key Street st., 2 Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William H. Roberts (a) Residence: No. Key Street (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH April 12, 193 7
5a. If married, widowed, or divorced HUSBAND of Cora Roberts	22. A HEREBY CERTIFY, That I attended deceased from 1937, to appear 11, 1937
6. DATE OF BIRTH (month, day, and year) June 3, 1884	i last saw h see alive on Abo, 1 1937 death is said
7. AGE Years 52 Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 0 ± 0 0 Am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows: Oate of onset
R. Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaesed last worked at this occupation (month end year) 11. Total tima (years) spent in this occupation.	Valuement fuserculosis 2-3 408. (From history) Russtones Condition - Sour patient ourse onery Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Frederick County (State or country) Md.	Othar Canada Can
13. NAME James Roberts	
13. NAME James Roberts 14. BIRTHPLACE (city or town) Washington County (State or country) Md.	Name of operation Date of Date of What test confirmed diagnosis? Was there en eutopsy?
监 15. MAIDEN NAME Mary Hankey	23. if death was dua to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Hankey 16. BIRTHPLACE (city or town) Washington County (State or country) Md.	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs. Cora Roberts (Address) Hagerstown, Maryland.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date Apr. 14., 19.37	Manner of injury
19. UNDERTAKER Fred W. Kraiss, (Addiess) Hagerstown, Maryland. 20. FILED 4-14-1937 Johnson Jacobs	24. Was disease or injury in any way related to occupation of dacaasad? If so, specify (Signad) M. D.
20. FILED 4 - 19 1 - 19	(Addrass) Hagenstown Nd.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 5. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	T possess	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhuge	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	711=5
Gallstones	May 1,1923	Gastroenteritis	1 year

B.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address) Noces Locus

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	Example I		Example II		
of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	3 Date of onset	
Arteriosclerosis	HECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 6 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I	1	Example II The principal cause of death and related causes Date of onset of importance were as follows:		
The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis MAY 6 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		And the second of the second o		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RECORD. Every item of infor-

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis a 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUDEAU V S.				
Other contributory causes of importance:	Jaron Ca	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1 ===			
	:			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-07
County Washington	Registration Dist. No. 30 4
Village or City Near Funkstown	No. St., Ward
Length of residence In city or town where death occurred 10 yrsmos.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Rupp	If U.S. Veteran specify WAR.
(a) Residence: No. Near Funkstown	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIdowed	21. DATE OF DEATH (Day) (Véar)
5a. If merried, widowed, or divorced HUSBAND of	(751)
(or) WIFE of Emma Louisa Gruber	22. HEREBY CERTIFY. That ettended deceased from
6. DATE OF BIRTH (month, day, end year) July 28, 1859	I lest saw harmalive on 4-5-3 , 19 ; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 7.50 m.
77 8 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:
8. Trede, profession, or particular kind of work done as SPINNER. To	Date of oneset
kind of work done, es SPINNER, Farmer SAWYER, BOOKKEEPER, etc. Industry or business in which	Cembral Alemanful JU-3
work was done, as SILK MILL, SAW MILL, BANK, etc	A
kind of work done, es SPINNER, Farmer SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Fo. Date deceased lest worked at this occupation (month end 1932 spant in this occupation 70	<i>V</i>
Baltimore	Other Contributory Causes of Importance:
12. BfRTHPLACE (city or town) Maryland (State or country)	Stul 11 > 570
当 f3. NAME Unknown	
14. BIRTHPLACE (city or town)	Neme of operation
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill In elso the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, f9
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Charles Shipley (Address) Near Funkstown	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Maryland	Manner of Injury
PlaceNear Clearspring ate April 8, 19 37	Nature of injury
19. UNDERTAKER Mrs. Edith V. Leaf	24. Was disease or injuly in way related to occupetion of deceased?
(Address) Church St W11 lamsport.Md	If so, specification of the sound of the sou
20. FILED 4 6 , 1931 Schaff Joecos	(Signed) M.D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reguesting V. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE

V. S. No. 1 N. B. TION is very important.

See instructions on back of certificate.

Exact statement of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Kem of infor-

FOR BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the ve healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 year or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gain ally employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8. The trade, profession, or particular kind of work done.
9. The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee" "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause in me the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MAY 6 1937				
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

M	item of infor-	should state	of OCCUPA-	/
8	N. BWRITE PLYNLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
MARGIN RESERVED FOR BINDING	PERMANENT	EXACTLY	ly classified.	ate.
D FOR	I V SI SI	e stated	e proper	f certifica
RESERVE	IG INK-TH	AGE should b	that it may b	one on back o
MARGIN	H UNFADIN	y supplied.	ain terms, so	See instructi
	MLY, WIT	e carefully	ATH in pla	nnortant
V. S. No. 1	-WRITE PL	mation should b	CAUSE OF DE.	TION is very important. See instructions on back of certificate.
zi vi	N. B.			

STATE OF MARTLAND	CLIVIII ICAIL OF DEATH 4000
1. PLACE OF DEATH	(23)
County XXashington	Registration Dist. No.
Village or City Legex Stown Rtt 4	No. Marsh P. K. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsyrs	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mrs Mora Blanche Scot	If U. S. Veteran, specify WAR
(a) Residence: No. Marsh C. B. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Waxi - a	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	20 LVERERY CERTIES The Land described
(or) WIFE of James Watter	22. I HEREBY CERTIFY, That I attended deceased from 1937, to 2 pt. 6, 1937.
6. DATE OF BIRTH (month, day, end year) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	l lest saw M. 27 elive on april 1937; death is sald
7. AGE Years Months Day's If LESS than 1 day,hrs.	to heve occurred on the date stated above, atm.
64 4 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, to use wife SAWYER, BDOKKEPER, etc.	701
9 Industry or business in which	Chroning Valmonary Che Derewood 2-3 40
work was done, as SILK MILL, SAW MILL, BANK, etc.	June bistory & Care
11. Total time (years) this occupation (month and year)	17 Secret Tolling Essen
12. BIRTHPLACE (city or town)	Dther Contributory Causes of Importence:
(State or country)	6 2.
# 13. NAME Austin Ames	
14. BIRTHPLACE (city or town) 2000 part	Neme of operation Dete of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME TO CONTROL OF THE STATE OF T	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town the with the	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT James Walter Scott	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place TO YCY STOWN Date July 8, 193.	Nature of injury
19. UNDERTAKER - 15 - CO SS-man	24. Wes disease or injury in any way related to occupetion of deceased?
(Address) Hagerstown, Jud.	If so, specify
20. FILED 4-7-, 193 Washing Registrar.	(Signed) Mague town M.D.

The W- P. Camptell.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	CARRIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepl	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 6 1937	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	iuses of importance:	7)	Other contributory causes of importance:		
Gallstones	Drug go Horsto	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
	NA TAOLS	7 070	T O TO TATABLE	DIMINIMINI	DI	THISICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF BEATH County . Registration Dist. No. Village or City spital or institution, give its NAME instead of street and number Length of residence in How long in U.S. If of foreign birth? If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED DIVORCED (write the word) (Dey) Month) 5a. If married, widowed, or divorced HUSBAND @ That I attended deceased from (or) WIFE 41 6. DATE OF BIRTH (month, day, end year) If LESS than 7. AGE Months Dave I day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trede, profession, or particuler kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceesed last worked at 11. Total time (years) this occupation (month and spent in this occupation __ 12. BIRTHPLACE (city or town (State or counter 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_______ Date of injury_______19 16. BIRTHPLACE (city or town) (State or-country Where did injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE 17. INFORMAN (Address) 18. BURIAL, CREMATION, O REMOVAL Neture of Injury 24. Was disease or injury in any wey related to occupation of deceesed 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Julu 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Year)

Date of onsat

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Washington Co. County Registration Dist. No. Village or City Hagerstown, Md. No. Washington Co. Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred _______mos._____ds. How long in U. S. if of foreign birth? ______mos._____ds. Borne Child of Robert J. U. S. Veteran, specify WAR 2. FULL NAME Still (a) Residence: No. Fairplay Rout If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR D.VORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of April 28,1937 6. DATE OF BIRTH (month, day, and year) Days 7. AGE Months If LESS than to have occurred on the date stated above, at 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc..... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Data deceasad last worked at 11. Total time (years)
spent in this this occupation (month and occupation Hagerstown.Md. 12. BIRTHPLACE (city or town)_____ (State or country) FATHER Robert Shadrach 13. NAME 14. BIRTHPLACE (city or town) ___ (State or country) What test confirmed diagnosis? Was there an au'opsy? MOTHER 15. MAIDEN NAME Fannie Houser 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Washington Co. Md. (Stata or country) Whera did injury occur?_____ (Specify city or town, county and State) Robert Shadrach Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Fairplay Route # 1 (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Placa Bever Creek, Md oato April 29 1937 Nature of Injury_ 24. Was diseasa or injury Fred W. Kraiss way related to occupation of deceased? (AddressHagerstown, Md If so, specify

(Day)

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(Signed).

(Address) ___

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	WWA 9 1991	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

Date of onset

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. No. 1091 Vix 9 in a St, (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. if of foreign birth? ______yrs. ____mos. ____ds. LIF U. S. Veteran, specify WAR (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (waite the word) BINDING Sa. If married, widowed, or divorced HUSBAND of ERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) certificate 7. AGE Years Months If LESS than to have occurred on the date stated above, et 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ RESERVED back 9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc.____ may 11. Total time (yeers)
spent in this
occupation 10. Date deceased last worked at this occupation (month en that instructions Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (city or tow (State or country) HER 13. NAME 14. BIRTHPLACE (city or town)% Name of operation.... (State or country) Whet test confirmed diagnosis? Was there an autopsy? carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: OF DEATH Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, 17. INFORMANT plnods (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE LION Nature of Injury. 24. Was disease or injury in any way releted to occupation of deceesed?_____ 19 UNDERTAKER (Address) If so, specify (Address) _ Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		7 19.37	17

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	* 4550
County Washington	Registration Dist. No. 302
Willage or City Hay Collection	No. B / 9 Ward Ast, 2 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs2m	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & hastotte foan Sh	ellemanus. Veteran, specify WAR
(a) Residence: No. 819 Ungui	CStyre 2_Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of Single	22. HEREBY CERTIFY. That I attended deceased from
701-17-1930	i last saw here alive on 15 ,19 % T; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hr	
Ormin.	were as follows: Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	atent foramen trale Telis
9 Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 12. Total time (years) 13. Total time (years) 14. Total time (years) 15. Total time (years) 15. Total time (years) 15. Total time (years) 16. Total time (years) 17. Total time (years) 18. Total time (years) 1	
Hagestona	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / (State or country)	
13, NAME Melvin Shelleman	
E 6/ 1	
(Stata or country)	Name of operation Date of What test confirmed diagnosis Days and Was there an autopsy?
I Haragust	23. If death was due to external causes (VIOLENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide?
W.1: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Where did injury occur? (Specify city or town, county and State)
(Addrass) + a C. P. a. Improve	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Hageislampate 1/19, 193	Nature of injury.
19. UNDERTAKER 6: M. Suter & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hageston, m	If so, specify
20. FILED 4 - 19 - , 1939 6 The Sff 3 and Registrar.	(Address) Again from M.D.
	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.
Cauch determine, The babe was forms deagnosis I
after having had a quiet vight. It was a Remaine
taty 1

3

1. PLACE OF DEATH	
county Washington	Registration Dist. No. 302
Village or City Hagestown.	No.950 Lauvale St. 2-Ward
Village of only	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residanca in city or town where deeth occurred1m	osds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Lella Elizabeth Sho	الا U. S. Veteran, specify WAR
(a) Residence: No. a 50 Lan Dale St	St. Z Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yaer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettanded decaased from 10-37-19 to Carr 18-137-
6. DATE OF BIRTH (month, day, end yeer) 7 421	i last saw her alive on apr 18 - 1927 -; death is said
7. AGE Yaers Months Days H LES® than	to have occurred on the date stated above, at 174177m.
5 // 23 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end releted causes of importanca wara es follows:
8 Trade profession or particular	Oata of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Beautiful Charles 4/1/82
9. industry or business in which work was done, as SILK MILL,	The state of the s
SAW MILL, BANK, etc.	
O 10. Oata decaasad lest worked at this occupation (month and yaar)	
yaar) Occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town). I) U. q. M.S. To Lum. (State or country)	- Want
14. BIRTHPLACE (city or town) Shady Grove	
14. BIRTHPLACE (city or town) \(\alpha \alpha \q	Name of oparation
	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (with Hamby,	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME Ruth Hawby, 16. BIRTHPLACE (city or town) Haqerstown	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Vary A Sweley	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Hayerstown Md 18. BURIAL, CREMATION, OR REMOVAL	
Place miths burg www Date (Mail 193)	Manner of injury
15000	Neture of injury
19. UNOERTAKER IT - 1 CO D'mare (Addiess) Harry the	24. Was disease or injury in any way releted to occupation of decaased?
(Address) Hagers foun- Wel	If so, specify the second the sec
20. FILED 4 797, 19 Sf Co Mas Atto occ. Registrar.	(Signed) Manual
	7, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	13
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1/A/ A 7007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURALV S	July 5,1927	Peritonitis	3 days ago
L. Control of the con	1 2		
Other contributory causes of importance:		Other contributory causes of importance:	me ja I
Gallstones	May 1,1923	Gastroenteritis	1 year
CHINE IN COLUMN TO THE PARTY OF	1.5		

ä

1. PLACE OF DEATH	,	2	
. County Washing	on_	Registration Dist. No	302
Village or City Bage So To	un R.F.D. #2	No.	. Ward
	(1	I death occurred in a hospital or institution, give its NAME instead of stree	t and number)
Length of residence in city or town where	daath occurred yrs mos	How long in U.S. if of foreign birth?yrs	mosds
2. FULL NAME Stillbars	a Child of Charle	N. Shoe IT U. S. Veteran, specify WAR	
(a) Residence: No. Magen		Z.St., Ward.	
1	(Usual place of abode)	If nonresident give city or tow	
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEAT	гн
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	7
F W.	Single.	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBANO of	1	22. I HEREBY CERTIFY, Thet i atte	anded desented from
(or) WIFE of			
6. DATE OF BIRTH (month, day, end yaar)	16.0 11 1037		; deeth is seid
7. AGE Yaars Months	Oavs If LESS than	to heve occurred on the data stated ebova, et 9 A.m.	, 00001113 3010
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of Importence	
8. Trada, profession, or particular	ormin,	were es follows:	Oate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		March 1	7
9. Industry or business in which		111100 Start To Many	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	••••••		
10. Date decessad lest worked at this occupation (month and	11. Total tima (yeers)		
year)	oocupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Tagles	lown P.F. D 2	Other Contributory Cases of Importance.	-
(Stata or country)	Maryland.	Monster	2
13. NAME Charles I. A	hoenaker	// (~	
13. NAME (hasles J.)	agers town	Neme of operation	e of
(State of country)	1 . my	What test confirmed diagnosis? Was ther	re an aulopsy?
15. MAIDEN NAME alberty	Wiles	23. If daath wes due to external causas (VIOLENCE) fill in also the fol	lowing:
16. BIRTHPLACE (city or town)	aux tour	Accident, suicide, or homicide? Dete of injury-	
∑ (Stata or country)	md.	Where did injury occur?	
17. INFORMANT Charles J.	the second	(Specify city or town, county at Specify whether injury occurred in INDUSTRY, In HOME, or in PUBL	od State) IC PLACE.
(Address) Nagera Con	M P.F. DES	\	
18. BURIAL, CREMATION, OR REMOVAL	30.11	Manner of injury	
Placa Sagentour	- Oate 1/2	Neture of injury.	
19. UNDERTAKER T. K. Con	luca	24. Was disease or injury In any way related to occupation of decease	d?
(Address)	stour med	If so, specify PP P1	
20. FILED 4 - 1/- 1937	Thust to Jours	(Signad) A. Carffoury	M. D
20, FILEU, 19-0-7	Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. (2)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
*			

ADDITIONAL SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
--------------------	------------	------------	----	-----------

1. PLACE OF REATH	(56)
County Washington	Registration Dist. No. 302
Village Dr City / Lay esstour	Nellashington Co Hospitalst. 3 Ward
	If death occurred in a horpital of institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs	How long in U.S. if of foreign blrth?yrsds.
2. FULL NAME Forace Brooks Su	ufk If U. S. Veteran, specify WAR
(a) Residence: No. Warfordsburg Pa	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE CR DIVORCED, White the word) 5a. If married, widowed, or divorced 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH APT 20 193 7 (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, Thet I attended deceased from 1937 to April 20' 1921
6. DATE OF RIRTH (month, day, end yeer) Masse 27 1922	I last saw h. L. A. alive on AATI J. 23 19 27; deeth is said
7. AGE Yee's Months Days If LESS than	to have occurred on the date stated above, et 10 ? m.
116 / n 25 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of Importence
8. Trade, profession, or particular	were esfollows: Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Acute Il verella / Deanisch- Work
9. Industry or business In which	SA FINE
work wes done, es SILK MILL, SAW MILL, BANK, etc	
- this occupation (month one spont in this	
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town afords buy a	Droeurdito- Endierr ditio- 11/22
(Stete or country)	Pericarditio- Plearing with 71
14. BIRTHPLACE (city or towns) arfords bury a	effusion - Phenestic Felier-
14. BIRTHPLACE (city or town) antondo bury la	Neme of operation
(State of Lountry)	What test confirmed diegnosis? Wes there an eu'opsy?
15. MAIDEN NAME VILLE / Vill	2 23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Warfords Buy Fa	Accident, suicide, or homicide? Dete of injury, 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT Brooks 7 Smith.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVANDE PLEASE LEASENT PLAGE Des April 18, 1937	Menner of Injury
19. UNDERTAKEN IV. Siples (Address) Hannistmille In	24. Was disease or injury in eny way related to occupation of deceased?
1, 17 23 hallstone 1001	(Signed) I & Oelson I bleas, M. D.
20. FILED. 7 - , 190 / Wany Comments Registrat.	(Arldress) fd ? W! work to
If more blanks are needed, address State Registra.	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.-WRITE PA

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	Example I	77.74	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:	1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
122 2 2		May 1,1923		1 y

V. S. No. 1

ż

STATE (OF MARYLAND-	-CERTIFICATE OF DEATH	4560
1. PLACE OF DEATH	74	(12.J.P)	
County Nous Program grow	ell.	Registration Dist. No. 3	
Length of residence in city or town where 2. FULL NAME CARON	death occurred To yrs me Daniel Sryde	No. Solution No. S	St.,Ward et and number)
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or too	wn and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	TH
Male. 4. COLOR OR BACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	, 193 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of annie Caled	le Enjoler.	22. I HEREBY CERTIFY, That I at	tended deceesed from
6. DATE OF BIRTH (mouth, day, end year)	quet 2-185%.	I last saw him alive on Opill. 211	937_; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs ormin.	to have occurred on the dete stated above, at 7.30 mi 7. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.		Freal Impaction)	4/19/8
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	hool Leacher.		
o this occupation (month and year)	spent in this occupation	Dther Contributory Cauge of importance:	
12. BIRTHPLACE (city or town) (State or country)	pland.	Unlevest only per cursory	4/19/
13. NAME Eyra J. Snyb	ur.		
13. NAME Cryca J. Snyls 14. BIRTHPLACE (city or town) May (State or country)	Hand.	Name of operation Dat What test confirmed diagnosis? Was the	te ofere an aulopsy?
15. MAIDEN NAME Sacah. J. 16. BIRTHPLACE (city or town).	toubs	23. If deeth wes due to external causes (VIOLENCE) fill In also the fo	
2 (State or country) 17. INFORMANT Outla Surface (Address) (Address)	Meling,	Where did injury occur?(Specify city or town, county a Specify whether injury occurred in INDUSTRY, In HOME, or in PUBL	and State)
18. BURIAL, CREPATION, OR REMOVAL Place Failury am Judgapul 24, 1937		Manner of Injury	
19. UNDERTAKER Grand Hum (Address) Huelench M	nd.	24. Wes disease or injury in eny way related to occupation of decease. If so, specify	ed? ho
20. FILE Ofr 24, 1934	DA Deetrie	(Signed) (Address) Sasurous De	£, M. D.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 5 1931	N.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

-WRITE PL

V. S. No. 1 m ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4561
1. PLACE OF DEATH	93-0
County Washington	Registration Dist. No. 3.0.5
Village or City NAT. I Rena	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Savilla Smyd	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH 30 - 193 / (Month) (Day) (Yeer)
5d. If merried, widowed, or divorced HUSBAND of (or) WIFE of Collian Snyder	22. HEREBY CERTIFY, Thet I attended deceased from 1957 to 50, 1937
6. DATE OF BIRTH (month, dey, end year) Nov. 27. 1852	Hast saw h ER alive on a buil 287, 1937; death is said
7. AGE Years Months Deys If LESS then	to here occurred on the dete steted above, at 4:75A m.
84 5 3 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:
8 Trade profession or particular	Chance Myocasalis Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked at this occupation/month and spent in this occupation/month and spent in this	- Cerecular /9 shillations ?
9. Industry or business in which work was done, as SILK MILL.	
work wes done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years)	
10. Date decessed lest worked at this occupation (month fad yeer)	
7000:0:10	Other Contributory Causes of Importance:
12. BfRTHPLACE (city or town) (Stete or country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	71 and 7
14. BIRTHPLACE (city or town)	Name of operation Dete of The
# 15. MAIDEN NAME Male Bohn	What test confirmed diagnosis? Was there an autopsy? West there an autopsy?
I II. MAIDEN HAME	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homlcide?
ma Cl. L. L. H	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Markey Markey (Address)	Specify whether injury occurred in INDUSTRY, in nowe, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Dawn Cruk Dete May . 3. 1937	Neture of Injury
Porm) Po Jas	24. Wes disease or injury in any way releted to occupation of deceased? 200
19. UNDERTAKER (Address)	If so, specify
To the state of	(Signed) VIB-Ruker M.D.
20. FILED I Klay . 3, 19 3.7. Wellaw Registrar.	(Address) Doublow Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follows:	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclcrosis	3 200	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAY 5 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	3.1	July 5 1927	Peritonitis	3 days ago
	BUREAU			
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	item	sho	of C	
	Every	NAIN	ment	
1	SRD.	HYSIC	state	
	RA	K. Pl	Exact	
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RICORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	
BIN	PER	EX	ly cl	ate.
FOR	IS A	stated	proper	TION is very important. See instructions on back of certificate.
ED	HIS	be	be .	JO Y
ERV	K—T	hould	t may	back
RESI	G IN	GE S	hat it	no su
N.	DIN	I. A	so t	uctio
TARG	UNFA	upplied	terms,	e instr
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	LY,	care	TH i	norta
	N	ld be	DEA	mi A
	E P	Shou	EOF	ie ve
	WRIT	ation	AUS	NOI
V. S. No. 1	B.	H	0	1
V. S	z			

1. PI	LACE OF DEA	TH	1 1117111		(152)		
County Washington					Registration Dist. No. 38	2	
V	Village or City Hagerstown (If				No. 839 Lanvale Street st., 2 Walf death occurred in a hospital or institution, give its NAME instead of street and number) s. 27 ds. How long in U.S. if of foreign birth? yrs. mos.		
2. FL	ULL NAME	Kenneth	Richard	d Socks	If U. S. Veteran, specify WAR		
	a) Residence: No.				St. 2-Ward.		
,	u) itesiaciice. ito:		(Usual place	of abode)	If nonresident give city or town and	State	
	PERSONAL AN		ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX		Te RACE	OR DIVORCE	RIED, WIDOWED, D (write the word) ngle	21. DATE OF DEATH April 10, (Month) (Day)	, 193_7 (Yaar)	
5a. If ma HUS	rried, widowed, or divention of	orcad			22. HEREBY CERTIFY, That I attanded	deceased from	
(or)) WIFE of				, 19, to		
6. DATE	OF BIRTH (month, da	y, and yaar)	eby. 13	, 1937.	1 last saw h alive on, 19	.; death is sale	
7. AGE	Years	Months 1	Days 27	If LESS than 1 day,hrs. ormin.	In have occurred on the date stated abova, atAm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
0	Trade, profession, or p kind of work done SAWYER, BOOKKE Industry or business i work was done, as SAW MILL, BANK,	, as SPINNER, EPER, atc	Infant	Child	Probable suffication	-	
15 🔀			1		Juorn rrough		
0 10.	Data deceased last wo This occupation (mo	onth and	sper	ima (yaars) nI in this Ipation			
	yaar)			rpation	Other Contributory Causes of Importanca:		
	HPLACE (city or town) (State or country)		d.				
	NAME Ernes						
	BIRTHPLACE (city or t	own) Hage	rstown Md.		Name of operation Date of What tast confirmed diagnosis? Was there an a	utonsy?	
œ 15.	MAIDEN NAME	Anna E.	King		23, If death was due to external causes (VIOLENCE) fill In also the following		
15. MAIDEN NAME Anna E. King 16. BIRTHPLACE (city or lown). Big Spring (State or country)			Spring		Accident, suicide, or homicide? Date of injury Where did injury occur?		
17. INFORMANT Ernest Socks (Address) Hagerstown, Md.					(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.	
	IAL CREMATION, OR	REMOVAL		. 11,,,, 3'	Manner of Injury		
19. UND	ertaker Fred (Address) Hage	W. Kra	iss. Maryla	nd.	24. Was disease or Injury In any way related to the upation of deceased?		
20. FILE	04-11-	1932 John	est 10	Region	(Signed) (Address)	m.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. J. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SECEIVEDI	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 1931	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

(1)	y item Chor- S should state t of OCCUPA-	
	N. B.—WRITE PLANKY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of Determination should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
MARGIN RESERVED FOR BINDING	N PERMANENT OF EXACTLY Serly classified.	
ED FOR	HIS IS A be state be prope	
RESERV	AGE should that it may ions on back	
MARGIN	WRITE PLANKY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated ENCAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.	
	hould be caref OF DEATH in	•
V. S. No. 1	N. B.—WRITE mation s CAUSE TION is	

1. PLA	CE OF DEA	TH	71 171711		400 ×	
Cour	County Wasbington				Registration Dist. No. 3/	1.
		_			erIf U. S. Veteran, specify WAR	
(a)	Residence: No.W	illiams	port Ru (Usual place	ral Rout	e 1st., Ward. If nonresident give city or town a	nd State
PE	RSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex Male		r or RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193. 7
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Josephine speaker			i speaker		22. 3 HEREBY CERTIFY, That attended 3 - 1 - 3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	nd deceased from
	BIRTH (month, da			6,1881	1 last saw happy Jalive on	; death is said
7. AGE	Years	Months	Days	If LESS than 1 dey,hrs.	to have occurred on the date stated above, at	
I True	56	2	1 14	ormin.	ware as follows:	Date of onset
NOIT	de, profession, or p kind of work dona, SAWYER, BOOKKEE	as SPINNER, EPER, etc	Farme	er .	Cancer Stomach	1936
	kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and year) MOV					
12. BIRTHP	LACE (city or town) ta or country)	Downsyi Marylan	lle Dia	strict	Other Contributory Causes of Importance:	1936
₩ 13. NAN	ME Willia	m Speak	er			
	THPLACE (city or to (State or country)	Maryl		district	Name of operation Data of What test confirmed diagnosis? Was thera a	n autonsy?
을 15. MAI	DEN NAME ME	ry Wolf	red		23. If deeth wes due to external causes (VIOL ENCE) fill in also the follow	
16. BIR	15. MAIDEN NAME Mary Wolfred 16. BIRTHPLACE (city or town) Downsville distict (State or country) Maryland				Accident, suicide, or homicide? Date of injury Whara did injury occur?	, 19
17. INFORMANT josphine Speaker (Addrass) Williamsport Route #1				#1	(Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	
18. BURIAL, CREMATION, OR REMOVAL COM. Place Williamsport Mg. Date May 2, 19.3.7			. Data Mar		Manner of Injury	
19. UNDERT	AKER Mrs.	Edith V	Leaf	msport M	24. Was disease or injury in any way related to occupation of decaased?	
20. FILED	May. L.	1937.	D.101	Registrar.	(Signed) OCA A CARACTER (Address) A CARACTER (Address)	Mot M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimofe, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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4	1)	0	4

1. PLACE OF DEATH	(3)
County Washington	Registration Dist. No. 302
Village or City Hagerstown	No. St. 4 Ward
Village of only 1 (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 3	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Harry E. Shock	If U. S. Veteran, specify WAR.
(a) Residence: No. Wine St	St., 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Year) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	march 15-1937 to about 5 1937
lost 27-19N	Hast saw h & alive on 3/2 19.37; death is sid
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 2:20 Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Labor.	ma he il
9 Industry or business in which	Al Marian I and the second of
work was done, as SILK MILL, Say Lahoue	Comma.
year) # ## Jeb 1937 occupation //	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) / La glistown	
(State or country) mag	-
13. NAME Harry M. Shock	
13. NAME Harry M. Shock 14. BIRTHPLACE (city or town) Hagerstown	Name of operation Date of
(State or country) Mg	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Daisy A Baker	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Daisy A Baker 16. BIRTHPLACE (city or town) Ha gerstown	Accident, suicide, or homicide
(State or country) md.	Where did injury occur?
17. INFORMANT MA W R Gladhill (Address) / Genstman ind	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Augentounted Date april 8, 1937	Nature of Injury.
19. UNDERTAKER Scott & Mymich & Son	24. Was disease or injury In any way related to occupation of deceased?
(Address) / pagentown mg	If so, specify
20. FILEO. 4 - 6 - 193 WMS Bowers	(Signed) Levy Dilutte M. D.
Registrar.	(Address) / A PX / France Mcf.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF	F DEATI
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4	0	O	1)	

1. PLACE OF DEATH	302
County Washington	Registration Dist. No.
Village or City The State of C	No. 16 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
. Length of residence in city or town where death occurredyrs	mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Orginia Estilla	is rices If U. S. Veteran, specify WAR
(a) Residence: No. / 16 20 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	Tr St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5a. If married, widowed, for divorced	
HUSBAND OF Samuel or Thomas	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Abib 12 18 79	1 last saw h alive on 4/(4- 1937; death is faid
7. AGE Years Months Days If LESS that	
58 0 5 1 day,min.	were as follows:
8 Trade profession or particular	China C Sudocarditio Oate of onset
kind of work done, as SPINNER, House hoall SAWYER, BOOKKEEPER, etc	Olum Mephrites /8/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation from the securation from the same time to be a security of the securation from the same time to be a security of the securation from the same time to be a security of the securation from the same time to be a security of the securation from the same time to be a security of the securation from the same time to be a security of the securation from the same time time time time time time time ti	
10. Date deceased last worked at this occupation (month and year)	
	Other Contributory Causes of importance:
(State or country) Rederate being	(A)
13. NAME Velde Hamilton	
13. NAME Selve Hemelton 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Charlotte Libert 16. BIRTHPLACE (city or town) Urgune	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Urgune	Accident, suicide, or homicide?, Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Office of Harris (New (Address) 135 Williams are	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date 19	Nature of Injury
19. UNDERTAKER July m Raldwell	24. Was disease or injury In any way related to occupation of deceased?
(Address) Augustown M	If so, specify the Dheello
20. FILEO 4-20, 1931-10 Mast 1700cc	(Signed) M. D.
Registrar	(Address)

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Example I		Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
Tametorice .	14491,1520	- d	1 year	

should state

ORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.-WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			8
County Washington Village or City Hagerst	PARTE PRINCIPLE SELECTION OF THE PERSON OF T	(If	Registration Dist. No. 302 No.Washington County Hospital 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residenca in city or town where dea	ath occurred	_yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Male chil	d of Edv	ward E.	Trumpowers. Veteran, specify WAR
(a) Residence: No. 643 Penn	nsylvania (Usual place of a	a Ave.	St., S Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICL	JLARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 1. Male Thite	or divorced (a Single	D, WIDOWED, write the word)	21. DATE OF DEATH April 10, 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. HEREBY GERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, end year)	oril 10.	1937.	llast saw Jon Stuffin agent 19 1937; death is said
7. AGE Years Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 9:09Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	10	ormin.	were as follows: Date of onset
9. Industry or business In which work was done, as SILK MILL,			Stillburh
10. Oate deceased lest worked et this occupation (month and yeer)	11. Total tima spent ir occupat	n this	2 Months apolithum
12. BIRTHPLACE (city or town) Hagers (State or country) Md.	town		Other Contributory Causes of Importance:
E 13. NAME Edward E. Trum	power		
13. NAME Edward E. Trum 14. BIRTHPLACE (city or town) Hager (State or country) Md.			Nama of operetion Date of Date of Whet test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Grace L. S	tevensor	1	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Richard (State or country) Virgin	rds lia		Accident, suicide, or homicide?
17. INFORMANT Edward E. Tru (Address) Hagerstown,	mpower Md.		(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md.		12,19 37	Menner of Injury
19. UNDERTAKER Fred W. Krai (Address) Hagerstown,			24. Was diseese or injury in any way related to occupetion of deceasad?
20. FILEO. 4-12-, 19.3.7.6/1	11/1/2	CVESK Registrar.	(Signed) M.D. (Address) H.B. W.T. M.D.
If more be	lanks are needed, addr	ress State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

V. S. No. 1

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nenhritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year.

N. B.—WRIPE

V. S. No. 1

1. PLACE OF DEATH	(131)
County Washington	Registration Dist. No. 302
Village or City Hagerstown	No. Wash. Co. Hospital St. 3 Ward
	If death occurred in a hospital or institution, give by NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	os/ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Leonard Franklin Tru	m pawer If U. S. Veteran, specify WAR
(a) Residence: No. 723 W. Church	St., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH PLA
male White married	(North) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Ludia D.	22. HEREBY CERTIFY. Thet I ettended deceased from
0 01- 1011	040, 19.07, 10.000
6. DATE OF BIRTH (month, day, end year) Oct. 5- 1466	I lest saw h List elive on
1 4	to have occurred on the date stated above, at I = 0 - 1 - m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
70 S 29 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Carpenter	
SAWYER, BOOKKEEPER, etc. Sar Pen Ter	
work wes done, es SILK MILL, SAW MILL, BANK, etc.	myolardeles, Chrone.
0 10. Date deceased lest worked at 11. Total time (yeers)	
this occupation (month and 1930 spant in this 30 year)	<u>o</u>
Clear : ma	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Ma III a II all a market
	- requirer, cononce
E 0/22	
14. BIRTHPLACE (city or town) C JEANS Pring	Name of operation Date of
	What test confirmed diagnosis? Was there an europsy?
15. MAIDEN NAME Mary ann Mills 16. BIRTHPLACE (city or town) Mercers burg	23. If death was due to external causes (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 1 Drs. LT. 1 Yumpower	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hagerstown, Md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place lears pring Date Un 193	Nature of injury.
19 UNDERTAKER A. K. Cortman	24. Was disease or injury in enapyay related to occupation of deceased?
(Address) Hagers town, Md	If so, specify
20. FILED 4-5- 1937 Mart Bowers	(Signed) // Weller telpman - M.D.
Registrar.	(Aftrest) / fagus faces he

If more blanks are needed, address State Registrar, 2411 N. Charles Steet, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arreriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PL	ACE OF DEATH				
Co	unty Archler	2 /100		Registration Dist. No. 30	2.
	allaik Gozeoza	e arimita s		Registration Dist. No.	
VI	llage or City	he sand and	TIA.	death occurred in a hospital or iostitution, give its NAME instead of street and numl	Ward
Le	ngth of residance in city or town when	re death occurred		deal occasion in a hospital of foreign birth?yrsmos	
	LL NAME Quia	, , , , , ,	rant	Ullia If U.S. Veteran, specify WAR	
	0.70		Chi	ed (=	
(a) Residence: No.	(Usual place	of shods)	St., Ward. If nonresident give city or town and Stat	
P	ERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED.	21. DATE OF DEATH	
Bri	Da Para		D (write tha word)	H131216 24	37
- nu	e l'avoire			(Month) (Day)	(Year)
HUSI	ried, widowed, or divorced BAND of			22. I HEREBY CERTIFY, That I attended dece	ased from
(or)	WIFE of			, 19, to	
	S	000	1022		
7. AGE	OF BIRTH (month, day, and year) Years Months	Jan 6	1 MITCO Abox	I last saw h aliva on; de	atn is said
1. AGE	3	Days	If LESS than 1 day,hrs.	to have occurred on the date stated abovo, at	
	2 4	15	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te of onset
8. TI	rade, profession, or particular kind of work done, as SPINNER,				
9. In 9. In	SAWYER, BOOKKEEPER, etc				
1	work was done, as SILK MILL, SAW MILL, BANK, etc.	Samuel Control of the			
0 100	ate deceased last worked et	11 Total	time (years)		
0 10.0	this occupation (month and	Spe	ent in this		
	year)		upation	Other Contributory Causes of importance:	
12. BtRTH	PLACE (city or town)	vilou	n.		
(S	tate or country)	21 20	IMM		
13. N	AME Insural	L WOLL	MMA		
13. NA 14. BI	RTHPLACE (city or fown)	1 Park		Neme of operation Date of	
15	(State or country) 1 1 All	Presit	MAX	What test confirmed diagnosis? Was there en eutop	neu?
15. M.	AIDEN NAME	was in	willing	23. If death was due to external causas (VIOL ENCE) fill in also the following:	3) (
16 BI	RTHPLACE (city or town)	MINASM	in the	Accidant, suicide, or homicide Called States Date of Injuralize 24	1937
X	(State or country)	1	VYXI	Where did injury occur? Lameler	,
	24	1 100 10	1	(Specify city or town, county and State)	
17. INFOR		A. W. L. Colle	LUMA ,	Specify whether injury occurred in INDOSTRY, In HOME, or in PUBLIC PLACE.	
	ddress) L, CREMATION, OR REMOVAL	9-11-0-	udia V.	n/// 10-12	
16	10 to	20 0. 11	11 .37	Manner of injury get on 1	no
/ LOPIE	100-forest- to the world	Ca. Date	£	Nature of Injury Crushed head	
19. UNDER		Tulan		24. Was disease or injury in any way releted to occupation of deceased?	
(A	ddress)	p. p. my	79 1101	If so, specify	
20 FILED	4-27- 1937 1	THRIAM	Towe V	(Signed) AMA Non	2 M. D.
LO, TILED.	1324		Registrar.	(Address at ma Caron	n

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Chronic interstitial nephritis MAY 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	in mark	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	1	940	
County Jashuu	glow,	Registration Dist. No. 30	14
Village or City Rause	0016	NoSt.,	v
Length of residence in city or town where		If death occurred in a hospital or institution, give its NAME instead of street and n sds. How long in U.S. If of foreign birth?yrsmo	
2. FULL NAME HOWAK	DC. ZIMMER	14 M If U. S. Veteran, specify WAR	
(a) Residence: No.		St Ward.	
(a) RESIDENCE. NO.	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOBJOR MACE	5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH POIL 2 (Month) (Day)	, 193_/
5a. If married, widowest or divorced HUSBAND of (or) WIFE of Mice.	Zummer ma	22. APRIL 2 1937 to APRIL 2	deceased
6. DATE OF BIRTH (month, day, and year)	10 10 100	I last saw h. M. alive on APRIL 7 1937	; death is
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
60 6	I day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data ol
8. Trade, profession, or particular kind of work done, as SPINNER	Jevaley John		
SAWYER, BOOKKEEPER, etc. 29. Industry or business in which	1 66		
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	u. Va Plant	HNGINA /ECTORAJ	
O 10. Date deceased last worked et this occupation (month and	37 II. Total time (years)		
year)	occupation	Other Contributory Causes of Importance:	->
12. BIRTHPLACE (city or town)	loso Co Ta.		
E 13. NAME RECOL.	immer man		
14. BIRTHPLACE (city or town)	1-1	Name of operation Date of	
(State or country)	~~ () - () - () - () - () - () - () - ()	What test confirmed diegnosis? Was there an a	utonsy?
15. MAIDEN NAMELING	Houces 6	23. If death was due to external causes (VIOL ENCE) fill in elso the following	
15. MAIDEN NAME (MY) 16. BIRTHPLACE (city or town) The	11-148	Accident, sulcide, or homicide? Dete of injury	, 19
State or country)) out of ou	Where did Injury occur? (Specify city or town, county and State	
17. INFORMANT LEAST STATE OF THE STATE OF TH	of me	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL EREMATION, OR REMOVAL PION FAMILIES OF ME	Dat 4 193	Menner of injury	
19. UNDERTAKER I Peu	Mins of	24. Was disease or injury in any way related to accupation of deceased?	
(Address) Address	ral G mis	If so, specify	M
20. FILED 4/2 1937/	Flution	(Signed) toncoch)	7.A.
1/- 10-0	Registrar.	(Address)	/ /

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAY 7 1937			
Other contributory causes of importance:	5 •	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CTATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
1/// 0 1	(87, d) Paristation Piet III 303
and the manner day there are	Registration Dist. No. 302
Village or City Hage CV SHOW	No.25 VVQSh nation St., W
	osds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME MYS Mary E 4 ning	If U. S. Veteran, specify WAR
(a) Residence: No. 25- E YV ashington	St., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
remale while widow	(Month) (Day) (Year
5a. If married, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY, That I attended deceased
(or) WIFE OF JUSEPH E.	October 27 1976 Copiel 23
6. DATE OF BIRTH (month, day, and year) Q C 8-1864	last saw h gy elive on Opril 31 1937 death is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at JOLSm.
72 5 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of o
kind of work done, es SPINNER. Housewife.	. () 7
9. Industry or business in which work was done, as SILK MILL.	Jenicians anemia.
kind of work done, es SPINNER, A SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	
this occupation (month end spent in this year)	This death did not involve cerebral bemorrhage.
No C.1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 11 COU SCIENCE (State or country)	(Lova la Peaca
	Charles and the same of the sa
N C.	The state of the s
(State or country)	Name of operation Date of Date of What test confirmed diagnosis?
	Triac test committee diagnosis
	23. If death was due to externel causes (VIOLÉNCE) fill in elso the following: Accident, suicide, or homicide?
2 16. BIRTHPLACE (city or town) 17. Wy 2 11.5 (State or country)	Where did injury occur?
17, INFORMANT JUS E Young h.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) tager stoum. We	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Hagerstown. Wed Date April 28, 1937.	Nature of injury
19 UNDERTAKER A. K. Cossman	24. Was disease or injury in any wey related to occupation of deceased?
(Addiess) Hagerstown und.	If so, specify
20. FILED 4-27-1937 Sharffrower	(Signed)
Registrar.	(Address) (Tagrungy) b 171.

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

state

PHYSICIANS should

AGE should be stated EXACTLY.

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year